

St. Ursula Confirmation Welcome Letter

Dear Prospective Confirmation Parents/Guardians,

My name is Jackie Swinerton and I am the new Youth Minister at St. Ursula. I recently graduated from John Carroll University in Cleveland, Ohio with a degree in Theology and Religious Studies. I am incredibly blessed to have been offered and to have accepted this position, but I am even more excited to begin working with all the wonderful parishioners (and especially teens) here! Thank you all for your warm welcome!

Attached you will find all the information for the preparation of our 2018 Confirmandi. First, you will find a **calendar** with all the dates you will need to know for the program.

The orientation on September 17th is mandatory for **both** the student and at least one parent. At this orientation we will go through the specifics of the program and lay out expectations. Confirmation consists of **six sessions, one retreat, a confirmation interview, and the confirmation liturgy**, which will happen in mid-May (this will not be scheduled with the Bishop's office until the fall). Along the journey each candidate gets to participate in community service, the life of the parish, and more deeply in their faith lives.

In order to be confirmed, the Archdiocese of Baltimore requires that your teen must be **baptized** and have had **at least one year of catechesis** prior to entering the confirmation process. A year of catechesis would include attending a catholic school **or** going through religious education during their 8th grade year. If your child was baptized at St. Ursula, the approximate date of their baptism will help us locate the record in our files. If they were **not** baptized at St. Ursula, we will need a copy of their baptismal certificate to confirm their baptism.

In order to register, please fill out the confirmation checklist, registration form, and retreat permission form that are attached. The registration form should be returned to the parish office, with cash or check for \$150.00, no later than **September 17, 2017**. *Please do **not** let the fee stop you from being confirmed - we will work with any family that needs help. Please contact me to so that we can work with you and offer a payment plan or scholarship.*

If you have any questions or concerns, please feel free to contact me via email (Jacqueline.Swinerton@archbalt.org) or phone (410.665.2111 ext.124). I look forward to getting to know you and your teen(s) during the 2017-18 confirmation program and look forward to meeting everyone at Orientation (but hopefully before), Sunday, September 17, 2017.

God bless,

Jackie Swinerton

Youth Ministry and Confirmation Coordinator, St. Ursula Parish

St. Ursula Confirmation Calendar 2017-18 Calendar

All meetings and sessions are held in the Spiritual Center, unless otherwise indicated.

Tuesday, September 12, 2017	Registration Deadline
Sunday, September 17, 2017	Mandatory Orientation following 9AM Mass 10-11AM
Sunday, October 29, 2017	Session #1 (9AM-12PM) includes 11AM Mass
Sunday, November 19, 2017	Session #2 (9AM-12PM) includes 11AM Mass
Sunday, December 17, 2018	Session #3 (9AM-12PM) includes 11AM Mass
<i>*Sponsor Form and Confirmation Name Card Due</i>	
January 12-14, 2018	Confirmation Retreat (More info coming soon)
Sunday, February 18, 2018	Session #4(9AM-12PM) includes 11AM Mass
<i>*In Parish Activity, Service Requirement Paperwork Due</i>	
<i>*Class will be 9-11AM; Students & Sponsors will attend 11AM mass</i>	
Sunday, March 18, 2018	Session #5 (9AM-12PM) includes 11AM Mass
<i>*Letter to the Bishop due</i>	
Sunday, April 15, 2018	Session #6 (9AM-12PM) includes 11AM Mass
The Week of April 23-27, 2018	Final Interview with Parish Staff by appointment
Tuesday, May 1, 2018	Confirmation Rehearsal in Church at 7PM
Mid May, 2018	Confirmation Mass Date and Time TBD

**In the case of inclement weather/unforeseen circumstances and a session must be canceled, an announcement will be made via email to inform and reschedule the canceled session.

St. Ursula Confirmation Registration Checklist 2017-2018

Please drop off or mail each of the following (including this completed checklist) to the St. Ursula Parish office no later than September 17, 2017

_____ **Completed Confirmation Preparation Registration Form**

This form initially went out in the Spring. If you have already completed and submitted the registration form, you do not need to do so again. However, please complete and return the remaining forms (checklist and retreat permission form) to the Youth Ministry Office at St. Ursula.

_____ **Completed Confirmation Retreat Permission Form**

_____ **Program payment of \$150.00 cash or check made payable to St. Ursula**

All payment must be made no later than the Confirmation Orientation on September 17, 2017. Please email (Jacqueline.Swinerton@archbalt.org) or call (410.665.2111 ext. 214) if you have questions or need to have this fee waived for any reason.

_____ **Proof of Baptism**

We require a copy of each student's Baptismal Certificate. If your child was baptized at St. Ursula, please write the date of their baptism and we will look it up in our records. You do **not** need to include a copy of the baptismal Certificate if your child was baptized at St. Ursula. If your child was baptized outside of St. Ursula, please attach a copy of his/her baptismal certificate.

Date of St. Ursula Baptism (if applicable): _____

_____ **Year of Catechesis prior to Confirmation Preparation**

Please indicate in the space below whether your teen was enrolled in Catholic School or in a Religious Education program for their 8th grade year.

Please drop off or mail this registration **no later than September 17, 2017**

St. Ursula Parish
Youth Ministry Office
8801 Harford Road
Parkville, MD 21234

St. Ursula Confirmation Registration 2017-2018

Candidate's Name: _____
First Middle Last

Nickname/Goes By: _____

Date of Birth: _____ City/State of Birth: _____

Teen's Phone: _____

Address: _____

City, State, Zip: _____

Teen's E-Mail: _____

Middle School Attended: _____

High School Enrolled in for 2017-18 School Year: _____

Church of Baptism: _____

Address of Church of Baptism: _____

Date of Baptism: _____

Mother's Full Maiden Name: _____

Address (if different from Teen): _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Father's Name: _____

Address (if different from Teen): _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

**ARCHDIOCESE OF BALTIMORE
DIVISION OF YOUTH & YOUNG ADULT MINISTRY**

PERMISSION FORM AND RELEASE

Youth Name: _____ Home Phone: _____

Parent Name: _____ Work Phone: _____

Other number where Parent can be reached: _____

Address: _____ City/State/Zip _____

E-mail address: _____

Date of Birth: _____ Male Female (please circle)

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany the Confirmation group of St. Ursula to:

***The Monsignor O'Dwyer Retreat House
15523 York Road
Sparks Glencoe MD, 21152
410-472-2400***

I/we acknowledge receipt of the attached information sheet describing the planned activities.

In consideration of the opportunity for my son/daughter to participate in the program, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY St. Ursula Parish, the Division of Youth & Young Adult Ministry, the Roman Catholic Bishop of Baltimore and his successors, a Corporation Sole, and all their agents, servants and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter's participation in the program.

I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached. (Check one of the following:)

- I am covered by hospitalization and medical insurance under policy # _____ issued by _____.

- I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter drugs (or their generic equivalent) to my son/daughter if requested by my son/daughter (Check all that apply:)

Tylenol Benadryl Advil Sudafed Midol Kaopectate Neosporin Pepto Bismol

Add any other medical information concerning medication, allergies, illness, etc. _____

Add any dietary restrictions/special concerns:

PHOTO RELEASE:

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Division in writing. Please note that the Division has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

I HAVE READ THE ABOVE RELEASE AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Date

Parent/Guardian Signature

Child's Name