



CHURCH of THE Holy CROSS

“The Cross . . . to reconcile all with God.” Ephesians 2:16

OFFICE OF YOUTH MINISTRY

May 24, 2018

Dear Parent/Guardian and Confirmation Candidate,

302.674.5787 ext. 123
302.674.5783 (fax)
holycrossdover.org

LINDA DARLING
Director

I am excited to be working with our young people this year during preparation for the Sacrament of Confirmation. I know how energetic and committed our teens are to learning and growing in their faith. I look forward to sharing a journey of faith with each and every one of them.

I would like to share with you the 2018-2019 preparation information for the Sacrament of Confirmation. This program requires commitment on both the youth and family, so I ask that you please pray and discuss as a family your desire to receive the Sacrament. Once you have made this decision to be confirmed, your parish community, along with the Youth Ministry Office and teen and adult volunteers will strive to make the Confirmation program a very spiritual, joyful and prayerful experience for both the teen and their family.

All forms that are necessary to register your teen for Confirmation preparation can be found on the Holy Cross website (holycrossdover.org) under Teaching the Faith, Sacramental Preparation, and Confirmation. Classes will be offered on Sunday afternoon from 3:30 to 5:30 pm and on Wednesday evening from 6:00 to 8:00 pm. Candidates need to choose one they will attend regularly. Two classes are being offered to give parents more flexibility and to give teens a chance to make up classes easily when conflicts arise on their normal class day. We ask that all forms and the \$150 registration fee be turned into the Religious Education Office no later than August 15, 2018. For families experiencing financial hardship, financial aid is available. Please contact the Religious Education Office with your needs.

We will begin with a parent meeting on **Sunday evening, August 26 at 7:20 pm** or on **Monday evening, August 27 at 7 pm** on the second floor of the Early Learning Center (ELC). You need to attend only one of these meetings. Candidates are welcome to join their parents for this meeting. At this time, a class schedule for the year, retreat information, and an overview of the Confirmation program will be discussed. Any questions you may have will be answered at this time.

Classes will begin on September 9 at 3:30 pm for those teens choosing Sunday afternoon, and on September 12 at 6 pm for those teens choosing Wednesday evening. Classes will be held on the second floor of the ELC and run for two hours.

The program we are using is *Chosen* from Ascension Press. It is set up to engage the teens through videos, small and large group discussion and personal work. For the small group discussions the students will be divided into a group of 6 students led by an adult volunteer each week. Students will have an interview with one of the clergy members from the parish toward the end of preparation.

We will be traveling **November 10-11** to Pecometh Retreat Center in Centreville, Maryland for our Confirmation Retreat. This weekend will be **mandatory** for all Candidates. We will travel by bus from Holy Cross, leaving early Saturday morning, and returning Sunday evening.

Preparing for confirmation has to be a joint effort between you, the candidate, the sponsor they choose and the program. We will discuss early in the year about choosing a sponsor and choosing a Saint for their Confirmation name. You will need to turn in these two names to me before Christmas break, so I ask that you spend some time with your teen in discussing choices for both of these important items. We will provide resources to help with this discussion.

The date for next years' Confirmation has not yet been forwarded to us. I will share that information with you at the parent meeting in August.

What You Have To Do:

- 1) Talk to your teen about why you want them to receive their confirmation.
- 2) Ask them why they want to receive their confirmation and listen to their answers.
- 3) Fill out the necessary forms and get them and the payment of \$150 to the Religious Education Office by August 15.
- 4) Attend **one** of the two parent meetings: August 26th at 7:20 pm or August 27th at 7 pm.
- 5) Consider volunteering as a group leader or assistant for the classes. Help lead small group discussions. We could use your help!

What the Candidate Has To Do:

- 1) Talk to you about why they want to receive their confirmation.
- 2) Attend weekly classes from September 9 through April 28, 2019 and complete the class work.
- 3) Attend Confirmation Retreat on November 10-11, 2018 at Pecometh Retreat Center.
- 4) Choose a confirmation sponsor and name.
- 5) Consider attending some of our other Youth Ministry events, like Life Nights and youth activities, as well as various service projects on weekends.
- 6) Consider attending Mount 2000, a dynamic Eucharistic retreat at Mount Saint Mary's University with other young people from our Parish on Feb. 8 – 10, 2019.
- 7) Have an arranged interview with one of the Priests or Deacons of our Parish.
- 8) Attend the practice and Confirmation mass. Date yet to be received.

What The Program Will Do:

- 1) Hold weekly classes: Sundays 3:30 – 5:30 pm and on Wednesdays 6:00 – 8:00 pm from September 9 until April 28.
- 2) Arrange the retreat at Pecometh Retreat Center.
- 3) Using *Chosen* prepare the teens to receive their confirmation. I invite you to visit their website Confirmationstudy.com to watch some samples of the videos.
- 4) Offer varied opportunities for teens to grow and share their faith with our church and community.

If you have any questions or concerns, please do not hesitate to contact me via email at ldarling@holycrossover.org or by phone at 302-674-5787 X123.

God Bless,
Linda Darling

**APPLICATION FOR THE RECEPTION OF
THE SACRAMENT OF CONFIRMATION**

Note: 7th & 8th Grade CCD or Catholic School religious education required for Confirmation Preparation

Please type or print clearly the information below:

Name of Candidate: _____

Date of Birth: _____ Place of Birth: _____

Home Address: _____

Father's Name: _____

Father's Home Phone: _____ Father's Cell Phone: _____

Mother's Name (maiden & married) _____

Mother's Home Phone: _____ Mother's Cell Phone: _____

Parents' Email: _____ Candidate Email: _____

High School Attending during preparation: _____

7th & 8th Grade Religious Education: Catholic School _____
OR
CCD (Parish) _____

Date of Baptism (Provide certificate if not at Holy Cross Church): _____

Church Name and Address where baptized: _____

Date of First Communion (Provide certificate if not at Holy Cross Church): _____

Church Name and Address of First Communion: _____

Candidate will attend classes on: Sundays 3:30-5:30 pm Wednesdays 6-8 pm
A catechist will be available on Wednesday evenings to work with students needing special learning adaptations.

I am interested in volunteering as a small group leader on the same night.

Name of person volunteering: _____

Best Way to Contact: Phone _____ Email: _____

Other ways I would be willing to volunteer: _____

FORM A: ANNUAL CONSENT AND RELEASE



DIOCESE OF WILMINGTON PARISH/INSTITUTION ANNUAL PARENTAL CONSENT AND RELEASE FORM

PARISH/SCHOOL _____

Personal Information

Full Name of Child			
Address			
City	State	Zip	
Home Phone	Date of Birth ____/____/____	Age	
Family E-Mail			
Participant Email	Participant Cell Phone		

Providing participant email and cell phone grants permission for electronic communication from group leader to this young person in regards to all group activities, in accord with diocesan guidelines.

Medical Information

Family Doctor	Phone		
Family Dentist	Phone		
Insurance Provider	Policy#	Acct./ID#	

- * Yes No Has the young person ever been seen by a heart specialist for a heart condition?
- * Yes No Has the young person had a broken bone in the past six (6) months?
- * Yes No Has the young person had surgery in the past six (6) months?
- * Yes No Is the young person currently taking prescribed medication(s) that could inhibit strenuous physical activity?
- * Yes No Is the young person allergic to bee stings?*
- * Yes No Does the young person have asthma?*
- * Yes No Are there any serious medical conditions of which the Youth Minister, Director/Coordinator of Religious Education, Principal/School Nurse should be aware?*

*If you answered 'yes' to any of the above, it is the responsibility of the parent/guardian to check with parish/school representatives to ensure those items identified with an * above will not endanger the young person.

CYM requires that athletes be able to self-administer the **epi-pen and/or inhaled without assistance.

Current Prescription Medications	
Please list all allergies related to medicine, food, latex, etc.	

*If your child has a life-threatening allergy, you **must** discuss said allergy with the group leader.*

If necessary, the group leader is permitted to administer the following medications (or generic equivalent) to my child:

- Advil Tylenol Motrin Aleve Halls (cough drops) Imodium Calamine Lotion
 Claritin/Zyrtec Benadryl Robitussin (cough syrup) Triple Antibiotic Ointment Other _____

Parent/Guardian Information (Mother)

Full Name of Mother/Stepmother			
Home Phone	Cell Phone		
Place of Employment			
Work Phone			

Parent/Guardian Information (Father)

Full Name of Father/Stepfather			
Home Phone	Cell Phone		
Place of Employment			
Work Phone			

School	Teacher	Grade	Homeroom
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In Case of Emergency

The following procedures are in place if your child becomes sick or injured, or needs to be sent home for disciplinary reasons. Calls will be made to the following numbers, in the following order.

1. Home
2. Cell phones of Mother/Father/Guardian
3. Place of Employment for Mother/Father/Guardian
4. Ambulance for transportation of child to medical facility (in case of injury). In case of a major injury that requires immediate medical attention, an ambulance may be called first.

Staff will continue to call the parents or guardians until one is reached. Please note: information on this form will be shared with emergency medical staff.

Personal Electronic Technology Devices (PTD)

All extraneous personally owned technology devices (PTD), including, but not limited to, cellular phones, BlackBerrys, pagers, beepers, gaming devices, headsets, and other communication devices are for use only during an actual lock down or emergency. Other devices, including, but not limited to, tablet PCs, mobile presenters, wireless tablets, digital audio and video recorders, Palms, Sidekicks, iPods, Kindles, iPads, MP3 players, texting calculators, camera video phones, digital cameras or laptops are to be used only when permission has been granted by an institutional or organizational employee with the authority to grant such permission. Devices capable of capturing, transmitting, or storing images or recordings may never be accessed, turned on or operated in restrooms, dressing rooms, or other areas where there is a reasonable expectation of privacy. To protect the safety and well-being of students, staff and other community member's personal property and to avoid disruptions to the learning environment; group leaders, teachers, or school personnel reserve the right to confiscate or collect any PTD. A designated group leader or official as part of any investigation of policy violation or other suspected inappropriate, immoral and/or illegal use may review the content of any PTD device. If an illegal act is discovered, local law enforcement officials will be contacted. The Catholic Diocese of Wilmington and its parishes and organizations are not responsible for any harm to PTDs, including by not limited to the loss, theft, damage, or destruction of PTDs or any contents therein.

Permission and Hold Harmless

I hereby give my consent for the above named individual to participate in the above named parish/school youth activity(ies) during the current program year. **I authorize** responsible personnel to obtain proper medical treatments should it become necessary. Excluding intentional, deliberately-inflicted and illegally caused injuries, **I further agree**, in consideration of the above named parish's sponsorship of beneficial youth programs, to release the above named parish, the Catholic Diocese of Wilmington, and all of their employees, directors, administrators, youth ministers and volunteers from all legal liability for accidental injuries suffered by my child as a result of participation in athletic activities, or travel to and from any officially sanctioned event.

If I cannot be reached and the parish/school authorities have followed the procedures described, **I agree to assume all expenses** for transporting and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures which may be carried out based on the medical judgment of attending physician.

I understand that the Diocese of Wilmington and its staff are committed to providing fun, safe, educational experiences and that diocesan events are conducted in smoke-, alcohol-, and drug-free environments. In light of this, and to help ensure the safety of all concerned, I understand that if my child is in possession of drugs, alcohol, or tobacco products, engages in illegal, immoral, or offensive behaviors, or refuses to follow the directions given by event staff or volunteers while participating in this activity, I will be contacted immediately to pick up my child.

I understand that promotional pictures (individual and group) may be taken during officially sanctioned events. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event. I understand, however, that the above named parish/institution has no control over the use of photograph or film taken by media or private vendors that may be covering events.

I affirm that the information above is true and correct and may be shared with school personnel on a "need to know" basis.

Signature of Parent/Guardian: _____

Relationship to Participant: _____ **Date:** _____