

Yr 2 - Confirmation Requirements

This listing is provided to help you keep track of the program requirements. Check each box as you complete the requirement and provide the form/information requested.

St. Anastasia Confirmation Year 2 Program Requirements

Attend all scheduled Sunday Chosen Sessions				
- If your teen is unable to attend due to an unavoidable conflict or sickness, you must make arrangements				
ahead of time for a make-up with the coordinator. Email John Boutin at jboutin@stanastasia.org .				
Session Dates: Sep 17(Sat), Oct 1, Oct 15, Oct 29,Nov 5,Dec 3,Dec 10, 2023				
Jan 7,Jan 28,Feb 11,Mar 10,Mar 17,Apr 14, 2024				
Complete Confirmation Sponsor Form (hard copy on p. 2 or online) and turn in on or before Oct 15				
Complete Confirmation Name Form / Saint Report (hard copy on p. 3 or online) and turn in on or before Nov 5				
Attend and participate in the Confirmation Retreat scheduled for: March 1 – 2, 2024. Turn in Retreat Permission Slip & Medical Form(s) (p. 4-8) on or before <mark>Jan 7</mark>				
Sponsor Eligibility Form (hard copy p. 9): Sponsor fills out (if Sponsor is a member of St. Anastasia) or Sponsor takes to his/her own parish to be completed) - this form is due by <mark>Mar 10</mark>				
Submit a Letter Requesting Confirmation stating why you'd like to be Confirmed in the Catholic Church on or before Mar 10. Best to write this any time after attending the Retreat March 1-2. See Instruction sheet (p. 10).				
Go to Confession prior to being Confirmed (if necessary). Candidates must be in a state of grace (absolved by a priest of any mortal sins) at the time of receiving Confirmation. One option is 13 Hours of Reconciliation in the church on Sunday, Mar 17 8am-9pm.				
ACTION REQUIREMENTS a 250+ word reflection is required for each of the following learning experiences.				
Questions for reflections are: What was the experience like? How does this relate to my faith? Due 2 weeks				
after completing an event - email reflections to jboutin@stanastasia.org				
 Spiritual Formation/Fellowship (attend a parish event for teens – B.A.S.I.C. for High School students) Event: Date: 				
 Liturgical (Mass Greeter – greet parishioners 15 minutes before Mass starts or Altar Server) Mass Date/Time:				
 Christian Service (any community outreach – some opportunities offered by B.A.S.I.C.) Location: Date: 				

All forms may be dropped off or mailed in to the parish: St. Anastasia RE OFFICE, 4571 John R Road, Troy, MI 48085 THIS checklist may be turned in at the last class session.

Confirmation Class Schedule for 2023-24

Confirmation Year 2

Sundays 11:15a - 12:30p

(Sponsor Sessions are 11:15a-12:45p)

Pastoral Center

2023

Sept 17 – Safe Environments Training, Students attend until 12:45p in Social Hall

Oct 1 – Session 1: Why have I been chosen? (L14)* Meet in Davidson Center

Students: 11:15a-1:30p (lunch provided for students)

*Parents Attend: 11:15a-12:15p

Oct 15 – Session 2: Who is the Holy Spirit? (L12)*

Oct 29 – Session 3: Are you talking to me? (L18)* Sponsor attends until 12:45p

Nov 5 – Session 4: Why do I have to go to Mass? (L15)* Meet in Davidson Center *Parents Attend

Dec 3 – Session 5: Who is Mary? (L19)* Sponsor attends until 12:45p

Dec 10 – Session 6: Who's calling? (L17)*

2024

Jan 7 – Session 7: What does it mean to say "I do"? (L16)* Meet in Davidson Center *Parents Attend

Jan 28 – Session 8: Why Wait? (L22)* Meet in Davidson Center

Feb 11 – Session 9: What would Jesus do? (L20)*

Fri – Sat, Mar 1-2 (Required off-site Retreat) 3:30p-3:45p

Mar 10 – Session 10: Do I have what it takes? (L21) Sponsor attends until 12:45p

Mar 17 – Session 11: How do I build the Kingdom? (L23)* (Final Evaluation)

Apr 14 – Session 12: Where do I go from here? (L24)* Meet in Davidson Center

*All sponsors are welcome (but not required) to attend the parent sessions. *This denotes which lesson from the *Chosen* workbook is being used.

Fri Apr 19 Mandatory Confirmation Rehearsal 7:00p Saturday, Apr 20 – Confirmation Mass 11AM

Confirmation Attendance Policy: Confirmation preparation is crucial to the spiritual growth of the candidate, so 100% attendance is required for all sessions by the end of each year. The classroom peer-to-peer setting is a critical aspect to the *Chosen* Program, so while at home make-up sessions are available, ideally students will attend an in-person make-up session. Either way, make-ups are required for all missed sessions. It is important to contact **John Boutin, Confirmation coordinator, jboutin@stanastasia.org 248-689- 8380 Ext. 108** as soon as you are aware of any schedule conflict. Please review your family and sports schedules beforehand and understand attendance at ALL classes is mandatory (make-up sessions are offered as a courtesy – and not as a regular substitute to the classroom).

Please note that there are additional action-requirements that must be completed prior to receiving the Sacrament of Confirmation and going to Confession is necessary for all candidates before being Confirmed.

Candidate CONFIRMATION Name/Saint Report

During the Catholic sacrament of Confirmation, God the Holy Spirit comes upon you to bestow numerous spiritual gifts and "confirm" the faith given you in Baptism. If you choose a Confirmation name before Confirmation, this new name, imposed by the bishop during Confirmation, becomes a part of your full name. It comes after your first and middle names and before the last name.

Find a list of canonized saints in the Roman Catholic Church by reading a book or doing online research (**http://www.catholic.org/saints/** is a good place to start). Saints are people who have lived holy lives and are now in heaven as members of the Church Triumphant. Their life stories provide examples for others on how to overcome spiritual obstacles on Earth.

Pray to the Holy Spirit, and ask Him for help in finding a saint whose life you'd like to imitate. This saint will be bonded with you spiritually, and in essence becomes your heavenly patron who intercedes for you before God.

Select your Confirmation name, based on the name of a SAINT and inform your sponsor, family and friends. Get used to it by saying it over and over again in your mind. Practice writing it as part of your full name.

Before you are confirmed, pray with the saint whose name you will be using as your Confirmation name. Ask this saint to intercede for you, to help you make the right moral choices, and overall to be a powerful spiritual guide the rest of your life.

Buy pictures, holy cards, statues and books associated with your Confirmation's namesake. These visual reminders of your saint will help you reflect upon his or her unique virtues.

Fill out the information below and turn it in to your catechist or the Religious Education Office by the due date above.

Please PRINT neatly - so that we can read it...

YOUR FULL NAME: _____

Write a short report on the SAINT whose name you will take as your Confirmation Name (even if it is your own name), **including WHY you have chosen this name**. You may use the back of this form for your Saint Report - or attach to this form. (There is also an online option for this information).

YEAR 2 Requirement - DUE BY: Oct 15, 2023

Confirmation Sponsor Information

So that certificates may be filled out properly, please complete every line of this form using the FULL, LEGAL names of each person. Additional sponsor form requested (Certificate of Eligibility, for sponsor) may be turned in on or before March 10, 2024.

PLEASE SUBMIT THIS FORM ON OR BEFORE THE DUE DATE ABOVE

Online option available

PLEASE PRINT NEATLY

Candidate's Full Name:

Confirmation SPONSOR Information

PLEASE PRINT NEATLY

*** A sponsor is an active, participating Catholic over the age of 16 who has been confirmed and is living out their Catholic faith. **Every Sponsor** MUST submit a **Certificate of Eligibility** from his or her pastor verifying that he or she is a Catholic member in good standing in their church. A blank copy of a Certificate of Eligibility for Sponsors is included in this packet.

Sponsor's FULL Name: _____

Sponsor's Email Address:

Sponsor's Relation to Candidate:

Check one:

_____ Sponsor is an active, registered member of St. Anastasia Parish

_____ Sponsor is an active, registered member of another Catholic Church:

Parish Name:

Parish City/St:

<u>*</u> I understand that all Sponsors must submit a completed, signed & sealed Certificate of Eligibility for Sponsors no later than March 10, 2024, to the Religious Education Office at St. Anastasia. If your Sponsor is a member of St. Anastasia Parish, the "Priest/Deacon Signature" and "Parish Seal" may be omitted from the Certificate of Eligibility form.

Please note: Parents are not eligible to be a SPONSOR. If you have specific questions regarding sponsors, you may contact John Boutin, Confirmation coordinator at 248-689-8380, Ext. 108.

ST. ANASTASIA CATHOLIC CHURCH

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from parish facilities. This activity will take place under the guidance and the supervision of staff from **St. Anastasia Parish.** A brief description of the activity follows:

 Name of Event
 St. Anastasia Confirmation Retreat

 Destination
 Echo Grove Camp and Retreat Center
 [1101 Camp Rd, Leonard, MI 48367 (248) 628-3108]

 Designated Supervisor of Activity
 John Boutin

 DATE & TIME:
 Friday, March I at 3:30PM through Saturday March 2, 2024 at 3:45PM

 Method of Transportation:
 BUS

If you would like your son/daughter to participate in this event, please complete, sign and return the bottom half of this statement of consent and release of liability **along with \$12 for a t-shirt** to the Parish Offices on/before **Sunday, Jan 7**, **2024**. As parent or legal guardian, you remain fully responsible for the actions and conduct of your teen.

IF YOUR CHILD CANNOT ATTEND, PLEASE CONTACT JOHN TODAY: jboutin@stanastasia.org

Return this form – along with Medical Release and Release for Dispensing Medication (if needed)

Confirmation Retreat

STATEMENT OF CONSENT

I hereby consent to participation by my teen, _______ in the event described above scheduled for <u>Mar I - 2, 2024</u>. I understand that this event will take place away from the parish grounds and that my teen will be under the supervision of the designated parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this event, I agree on behalf of myself and my child, to release **St. Anastasia Parish**, the **Roman Catholic Archdiocese of Detroit** and any and all affiliated organizations, their employees, agents, representatives, including volunteer drivers, (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in this event. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

A medical release form MUST be turned in prior to your teen participating in this event.

Print Parent/Legal Guardian's Name		Signature of	of Parent/Leg	al Guardian	DATE
<mark>t- shirt sizes:</mark>	S	Μ	L	XL	XXL (adult sizes) – \$12 each

RETURN THIS FORM (and \$12) to the Religious Education Office or your catechist ON OR <u>BEFORE Sunday, January 7, 2024</u>

MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor:	Relationship to you:
Reason for which release is intended: <u>Confirmation</u>	Retreat or Activity
Address of Minor:	City:
Emergency Phone(s):	
Family Physician:	Phone:
Physician Address:	City:
List allergies or other pertinent comments:	
Medications taken on a regular basis:	
Will the student be bringing these medications on ret	
If yes, please submit a Dispensing Medication Re	lease along with this form.
Health Insurance Data:	
Company:	Policy:
Group:	Contract:
I further authorize the person who presents the mino Privacy Rights that may be presented by the physicia	e e i

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date:

Signed: ______(Parent or Guardian)

RELEASE FOR DISPENSING OF MEDICATION

We, the undersigned parent and/or guardian of:

	Born		/	<u> </u>
(Student's Name)	(Grade/Room #)	Мо	Day	Yr

do hereby sign and execute this release on behalf of us and on behalf of our minor son/daughter/ward.

NAME OF MEDICATION:

DOSE:_____

TIME TO BE GIVEN:

DURATION:

ATTACH DOCTOR'S NOTE REGARDING EMERGENCY CARE PLAN AND ADMINISTRATION OF MEDICATION.

□ Check here, if this release is for a metered dose asthma inhaler, insulin pump or epinephrine auto-injector, which the student will possess and use at his/her own discretion in school or at school activities. The physician and parents/guardian signature below apply to the inhaler, insulin pump or epinephrine auto-injector possession and use by students as permitted in Public Act 10 – Revised School Code.

(Doctor's Signature)	(Please Print Name)	(Date)
	()(Phone Number)	

We hereby waive any liability whatever to the school or the Archdiocese of Detroit or any of its personnel, that might occur as the result of giving said medication in the indicated dosage at the time requested to our minor son/daughter/ward.

PARENT/GUARDIAN

(Signature)

(Print Name)

DATE _____

(April, 2017) This form MUST accompany any medications being brought on retreat

Confirmation Retreat Packing list:

Destination: Echo Grove Camp and Retreat Center [1101 Camp Rd, Leonard, MI 48367 (248) 628-3108], travel by bus.

Designated Supervisor of Activity: John Boutin (586-438-0096)

Date & Time: **March 1—2, 2024** (If you are aware of a serious conflict with this 2 day retreat—you must contact John Boutin immediately to find another Confirmation retreat, perhaps offered by another parish in the area).

- This is a weekend away from the daily hustle and bustle of life so you can be rejuvenated, filled with the Holy Spirit and prepare your heart and mind for Confirmation.
- LEAVE YOUR CELL PHONE AT HOME! All the adults have a phone and John Boutin has a phone in case of emergency (<u>586-438-0096</u>). (Parents may reach out to John if they want their teen to have access to their phone during the retreat.)

Weekend Itinerary

WEEKEND RETREAT:

Please be at the Davidson Center (1st building on our property) by 3:30p on Saturday to check-in and load the bus.

Return pick up 3:45p on Sunday at the Davidson Center.

Packing List:

T-Shirts	Sweatshirts/Hoodies	
Pants		A SNACK TO SHARE*
Underwear	Toiletries & Towel	(8-10 servings)
Socks	Pillow & Sleeping Bag	*snacks must be turned in
Sneakers, boots/shoes		before boarding the bus
that can get wet.	Bible & journal	C C

DO NOT bring these:

No Electronic Devices: Remember this is a weekend away from the normal daily things and "noise" of life. Leave cell phones at home. All adult leaders will have cell phones for emergencies.

No Cigarettes, Alcohol, or Drugs. (Prescriptions require a medication form.)

Questions? Contact John Boutin, Confirmation Coordinator (586-438-0096) Email: jboutin@stanastasia.org :: Office: 248-689-8380, Ext. 108



Please mail completed form to:

St. Anastasia Catholic Church Religious Education Office 4571 John R Road Troy, MI 48085

Certificate of Eligibility for Sponsors

Must be completed, signed and sealed by a Priest or Deacon at the Sponsor's parish of register and returned to St. Anastasia by March 10, 2024.

Code of Canon Law #874: "To be permitted to take on the function of a sponsor a person must ...have the aptitude and intention of fulfilling this function; have completed the sixteenth year of age; be a Catholic who has been confirmed and has already received the most holy sacrament of the Eucharist and who leads a life of faith in keeping with the function to be taken on; not be bound by any canonical penalty legitimately imposed or declared."

I,	am a registered membe	am a registered member of this Catholic Church:		
Name of Church:	City/State:			
I have been asked to be a Sponsor for		as he/she is Confirmed.		

In accepting this responsibility, I affirm that:

I am a Roman Catholic and have celebrated the three Sacraments of Initiation (Baptism, Eucharist, and Confirmation).

I am at least 16 years of age.

I participate regularly in Sunday Mass and give witness to my faith in Christ Jesus by
receiving Him in Holy Communion.

If married, I am married according to the laws of the Catholic Church.

(please indicate if not married)	
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- I believe what the Catholic Church professes and teaches, and I truly make an effort to incorporate these teachings in my daily life.
- I am aware that I am assuming responsibility to be a good role model for the person I am sponsoring by my life of prayer and by my Christian example.

Parish Seal: (if not St. Anastasia)

Sponsor's Signature

Priest/Deacon Signature (if not at St. Anastasia)

Date

INSTRUCTIONS FOR WRITING YOUR "REQUEST FOR CONFIRMATION" LETTER

ALL CANDIDATES ARE **REQUIRED** TO WRITE A LETTER TO OUR PASTOR, WHO WILL PROVIDE THEM TO THE BISHOP, OFFICIALLY ASKING/REQUESTING TO BE CONFIRMED.

Most Candidates find it helpful to write this letter **after** they have experienced the Confirmation Retreat.

- I. Please **TYPE** your letter using the name/address listed here for Fr. Steve.
- 2. Please SIGN your letter in cursive, followed by your typewritten name.
- 3. Please **RETURN** your letter **NO LATER THAN the due date above.**
- 4. Please **do not place your letter in an envelope**. All letters are placed in a binder so that we don't have to open individual envelopes to get at the letters.
- 5. When using the words **Catholic, Confirmation, God** and **Mass** please capitalize the first letter of each of these words.

Here is how you will address your letter requesting Confirmation:

Reverend Steven A. Wertanen Pastor, St. Anastasia Catholic Church 4571 John R Road Troy, MI 48085

Dear Father Steve,

In your own words, write (type) a letter requesting Confirmation. The letter can be based on the answers to the following questions:

- What are the reasons you want to be Confirmed?
- What part of the preparation process was most helpful to you?
- When Confirmed, what <u>difference</u> will you make? (Personal growth in your relationship to God, service to others, doing God's work in the world...)

This letter should be well thought out and at least a couple paragraphs in length. Note that Confirmation is NOT about becoming an adult in the Church or about "finishing" religious education. Ask your sponsor or parent to read through with you before turning it in.

Sincerely,

Sean Davis

Sean Davis