



Sacramental Preparation for Confirmation at SEAS

The two year preparation program to celebrate Confirmation teaches youth about the Holy Spirit and the true meaning of the Creed while participating in the sacraments. All children preparing are **required** to follow the guidelines stated below:

- Confirmation preparation is a two-year process and the child is at least in grade 9.
- If the parish program or parochial school is other than St. Elizabeth Ann Seton Parish, a letter from the parish or school stating that the child has been in the program or school the previous year must be presented at the time of registration.
- If a youth did not attend the last 3 consecutive years of formation they will attend a Salvation History class in their first year of Confirmation in addition to the Sunday class.
- Parents or guardians are registered members of St. Elizabeth Ann Seton Parish or a Catholic Parish in the Las Vegas Diocese.
- The youth is registered in and regularly attends Faith Formation sessions at St. Elizabeth Ann Seton Parish.
- **During your child's second year of preparation, parents are required to attend 5 Adult Faith Formation Sessions.**
- Youth is required to attend 4 retreats throughout the 2 year process; 2 retreats in their first year and 2 retreats in their second year.
- Youth baptized in other faith traditions will make a Profession of Faith and then celebrate First Eucharist and Confirmation.

Sacramental Preparation for Baptism, First Eucharist and Confirmation at SEAS for children in at least grade 9.

- This is a two year program for youth who were not baptized as infants, who are in high school and will participate in the Rite of Christian Initiation at the Easter Vigil.
- Youth will attend weekly age-appropriate classes including Salvation History during their first year.
- Parents and youth will attend Sacrament Preparation Meetings periodically as required by the pastor.
- **During your child's second year of preparation, parents are required to attend 5 Adult Faith Formation Sessions.**
- **Parent and youth in their second year of First Eucharist preparation are required to attend 3 Reconciliation Meditations and 1 Eucharist Retreat prior to the celebrations.**
- These along with all Confirmation requirements will be fulfilled by the family.
- Youth will celebrate the Sacraments of Initiation (Baptism, Confirmation and Eucharist) at the Easter Vigil of their second year.

Adult Catechumenate—RCIA—The Rite of Christian Initiation of Adults for those who have surpassed high school age (18 years and older)

This journey may be for you if:

- You have never been baptized
- You have been baptized in the Catholic Church but have not completed First Eucharist and/or Confirmation
- You have been baptized in the Catholic Church but have not received any faith formation or religious education.
- You have been baptized in another Christian tradition.

Please check here if you are interested in RCIA _____

Attendance at Sunday Liturgy

All youth are required to attend Sunday Mass as a part of their class time. The youth will be marked absent if they leave before Mass. We highly encourage the family to join us at the 4 p.m. Sunday Mass.

Continuing Formation Grades 9-12

- All youth in grades 9 through 12 are highly encouraged to attend youth group to continue their faith formation. High School Youth Group meets on Wednesday nights from 6 p.m.—8 p.m. in the Youth Room. All are welcome.

Please retain this for your information

- **Confirmation Orientation** will be held in the Gym on **Sunday, August 20th at 2 p.m.** and repeated again on **Monday, August 21 at 6 p.m.** Orientation is for all youth and parents. Please come to the one that fits your schedule best.
- Year 1 Retreat is **September 22nd—24th** at Potosi Pines.
**For those who did not attend during their first year*
- First day of class is **Sunday, August 27th at 2 p.m.**
- **Please provide any information we may need regarding custody and Court Orders that involve your child.**
- Parents may drop off their child at the sidewalk or in their assigned location. We highly encourage all family members to join us at the 4 p.m. Mass.
- Class assignments will be **emailed** to you prior to Sunday, August 27th.
- Confirmation Handbooks can be found online. Visit www.seaslv.org—Faith Formation—Confirmation Grades 9-12. All important guidelines can be found in the handbook.
- For more information on the PGC-*Touching Safety* program, visit the VIRTUS Online™ website

Youth's Grade in School Year 2017-2018 (please circle)

9	10	11	12
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Confirmation Classes

Classes meet on Sundays at either 2 p.m. or 2:15 p.m. and go all the way through the end of the 4 p.m. Mass. Please consult the schedule for times.

Year 1 youth are required to attend 2 retreats. The first retreat is September 22nd—24th. The second retreat is November 11th—12th.

**If your child did not attend one of these retreats or make it up during their first year, they are expected to join us during their second year.*

Year 2 youth are required to attend 2 retreats. The first retreat is February 17th—19th. The second retreat is May 20th.

Payment Information

\$200 for Year 1 and \$225 for Year 2

Tuition Fee: Amount: _____ Receipt # _____ Check #/CC _____ Date: _____

If you have questions regarding the Sacrament policies, please meet with Meghan Hernandez, Director of Youth Ministry for further information.

702-804-8313

Seasym@seaslv.org

Youth Ministry Summer Office Hours

(June–August)

Monday—Friday

10am—3pm

Closed June 19th -July 5th and

July 17th—21st

Confirmation Year II Registration 2017-2018 Grades 9-12

New Youth Only - Attach a copy of your child's Birth, Baptismal & First Eucharist Certificate.



All Youth—

- ◆ Tuition is \$200.00 for Year 1 youth and \$225 for Year 2 youth.
- ◆ Attach a minimum of a **\$50.00 non-refundable** deposit made payable to SEAS (write child's full name on check or money order). You may pay in full when registering or upon the receipt of the first financial statement.
- ◆ Attach completed Diocesan Forms.
- ◆ The last day to register is Friday, September 18, 2017 (pending availability).

Youth Ministry
 Summer (June-August)
 Office Hours:
 Monday—Friday
 10am—3pm
 Closed June 19th -July 5th and
 July 17th—21st
Main Number: 702-804-8313

Name of Parish where family is registered:

Parents interested in volunteering? Circle your interests:
 Youth Ministry Faith Formation Outreach Liturgical Ministries Music Ministry

EMAIL: This is our main communication mode for all Faith Formation information.
Parent's Email: _____ **Youth's Email:** _____

(Youth must be registered by legal name)
Youth's First Name: _____ Middle Name: _____ Last Name: _____

T-Shirt Size (Adult sizes): _____ Height: _____ Weight: _____

Date of Birth: / / Age: Gender: **M / F**

Address: Street: _____ City: _____ Zip Code: _____ Home Phone #: _____

Middle School: _____ High School: _____

Parent/Guardian First Name: _____ Last Name: _____ Relationship to _____
 Cell Phone #: _____ **Religion:** _____ **Marital Status:** _____

Parent/Guardian First Name: _____ Last Name: _____ Relationship to _____
 Cell Phone #: _____ **Religion:** _____ **Marital Status:** _____

Emergency Contact (during class time):
 Name: _____ Relationship: _____
 Home Phone #: _____ Cell Phone #: _____

Name of Birth Father of Youth: _____

Name of Birth Mother of Youth: _____ **Maiden Name of Birth Mother of Child:** _____

Youth's Birthplace: City: _____ State: _____

**Please do not skip any of the information as it is vital to retreat and class placement.*

My child has received the following sacraments (please check all that apply):

Baptism _____ First Eucharist _____ Confirmation _____

My child attended Confirmation Preparation Year 1 formation at St. Elizabeth Ann Seton

Yes _____ No _____

If the answer above is No, where did they attend?

Name of Parish and City/State _____

Office Use Only

Letter from Previous Parish

Yes _____ No _____

Youth's Grade in School Year 2017-2018 (please circle)

9	10	11	12
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**Retreat dates are subject to change.*

Special Needs: In order to better serve your child please indicate if he/she has any special needs that may affect their ability to fully participate in class. We thank you for sharing and trusting us with this personal information.

ADD _____ Hearing impaired _____ Learning Disabilities _____ Downs Syndrome _____ Allergies (Environmental) _____

ADHD _____ Vision impaired _____ Speech Delayed _____ Autism _____ Allergies (Medical / Diet) _____ School I. E. P. _____

Explain:

Names of other children in the program:

Confirmation Fee includes:

- Polo Shirt—New Youth Only
- Retreat T-Shirt
- Retreat Supplies
- A 2 Night Off- Campus Retreat
- Robes for the Confirmation Liturgy
- Youcat—New Youth Only
- Youcat Study Guide—New Youth Only
- Bible—New Youth Only
- An Overnight Social Justice Retreat—New Youth Only
- Pentecost Retreat—Year 2 Youth Only
- Youth Rally

By signing this, I acknowledge that I have read through the Confirmation Handbook available on the St. Elizabeth's parish website.

Parent Signature

Date

By signing this, I give my permission to publish pictures of my child in parish and Diocesan publications and media.

Parent Signature

Date

All payments are non-refundable. St. Elizabeth Ann Seton Catholic Church will not deny admission to our programs due to financial considerations.

Office use only:

\$200 for Year 1 and \$225 for Year 2

Tuition Fee: _____ Amount: _____ Receipt # _____ Check #/CC _____ Date: _____

Touching Safety Permission Form

St. Elizabeth Ann Seton Roman Catholic Church will present a sexual abuse prevention program, the *Touching Safety* program, to our youth during a regularly scheduled class in the month of **October**. The creators of the *Protecting God's Children*TM program developed the *Touching Safety* program. This program is provided to us by the Diocese of Las Vegas, and is a part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse.

The scheduled lesson is being offered to all youth at St. Elizabeth Ann Seton Roman Catholic Church. As a parent, you have the right to choose whether your youth participates. If you have questions about the program or the lesson, please contact Meghan Hernandez at 702-804-8313 or Mhernandez@seaslv.org.

For more information on the *Touching Safety* program, visit the VIRTUS *Online*TM website at <https://www.virtusonline.org/educators/TeachingTouchingSafety.pdf>

_____ I give permission for my child, (print youth's name) _____ to participate in the Protecting God's Children *Touching Safety* program.

Parent Signature _____ Date _____

Opt out form for use with the Touching Safety program

St. Elizabeth Ann Seton Roman Catholic Church ***does not*** have my permission to present the Protecting God's Children *Touching Safety* program, to my child (print youth's name) _____

Parent's Signature: _____ Date: _____

By opting out of the *Touching Safety* program here at St. Elizabeth Ann Seton Roman Catholic Church, I commit to going to the VIRTUS *Online*TM website at <https://www.virtusonline.org/educators/TeachingTouchingSafety.pdf> for information to share with my children.

FIELD TRIP

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian name: _____

Home address: _____

Home phone: _____ Business phone: _____

I/We, _____ grant permission for my/our child,
Parent/Guardian Name

_____ to participate in this Parish/School/Institution event
Child's Name

that requires transportation to a location away from the Parish/School/Institution site. This activity will take place

under the guidance and direction of Parish/School/Institution employees and/or volunteers from _____

St. Elizabeth Ann Seton. A brief description of the activity follows:
Parish/School/Institution

Type of event: Youth Ministry Events

Date of Event: 8/2017-7/2018

Destination of event: various - see page 3

Individual in charge: Meghan Hernandez and Sean Donohue

Estimated time of departure and return: various - see page 3

Mode of transportation to and from event: charter bus and private

(If using waiver for multiple events see p. 3)

As parent and/or guardian, I/we remain legally responsible for any personal actions taken by the above named minor ("participant").

When it is necessary to arrange for overnight accommodations for a field trip the following Diocesan policy will be effective:

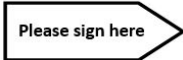
- Students must be roomed with other students only.
- Chaperons and teachers must be roomed with chaperons and teachers only.
- It is not permissible for a student to be roomed with a chaperon or teacher.

The ratio of students to chaperons/teachers will not exceed 8 to 1 for any fieldtrip.

I/We agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to release and waive any and all claims for damages which I/we or our child may have so as to release and discharge in advance those parties hereinafter named and further agree to indemnify, hold harmless and defend The Roman Catholic Bishop of Las Vegas, and His Successors, a Corporation Sole (The Diocese of Las Vegas), its officers, directors and agents, volunteers, chaperons, and/or representatives, and the Parish/School/Institution from any and all liability arising from or in

St. Elizabeth Ann Seton
(Name of the Parish/School/Institution)

connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection herewith, and I/we further agree to compensate the Parish/School/Institution and the Diocese, it's officers, directors, agents, volunteers, chaperons, and/or representatives associated with the event for reasonable attorney fees and expenses arising in connection therewith.



Signature: _____ Date: _____

Print Name: _____

Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (OF THE FOLLOWING STATEMENTS PERTAINING TO MEDICAL MATTERS, SIGN ONLY THOSE THAT ARE APPLICABLE).

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____ Phone: _____

Name & relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Family health plan carrier: _____ Policy: _____

Signature: _____ Date: _____

Please sign here

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

*** No medication** of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

Signature: _____ Date: _____

*** I hereby grant permission** for non-prescription medication (such as acetaminophen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

*** Please sign only one (no medication or grant permission)**

Please sign one

Specific Medical Information: The Parish/School/Institution will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus-diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Are there any physical limitations? _____

Has your child recently been exposed to a contagious disease or conditions such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

THIS RELEASE MUST BE SIGNED BY BOTH PARENTS. If only one parent signs this document, that parent presents and warrants to the Dioceses that he/she is the sole custodial parent of the student participant with the authority to sign this waiver and release form.

Signature of Father: _____ Date: _____

Signature of Mother: _____ Date: _____

Parent(s) phone number in case of emergency: _____ or _____

Multiple Events Schedule

I/We **permit** my/our child to participate in the following activities:

Date	Activity	Location	Depart/Return	Mode of Transportation
9/22/17-9/24/17	Year 1 Retreat	Potosi Pines	4:30 p.m. on 9/22/17 and return on 9/24/17 at 1 p.m.	bus
11/11/17-11/12/17	Homeless Retreat	Catholic Charities, Catholic Worker, Las Vegas Rescue Mission	8 a.m. on 11/11/17 - 9am on 11/12/17	private
12/3/17	Service Encounter: Shelter the Homeless	TBD	2-4 p.m.	private
2/3/18	Youth Rally	Bishop Gorman High School	1pm	private
2/17/18-2/19/18	Year 2 Retreat	TBD		bus
3/4/18	Service Encounter: Visit the Sick	various	2-4 p.m.	private
TBD	Young Neighbors in Action	TBD		private
TBD	One Bread, One Cup	St. Meinrad, IN		airplane
3/14/18-3/15/18	Anaheim Youth Day	Anaheim, CA	4am on 3/14/18-12 am on 3/15/18	bus
	BYOB Events	various		private
9/9/17	Diocesan Youth Event	The Orleans	7-9pm	private

Please sign here

Signature: _____ Date: _____

I/We **do not** permit my/our child to participate in these activities:

Signature: _____ Date: _____