

confirmation

What is the Sacrament of Confirmation?

The Catechism of the Catholic Church says:

On several occasions Christ promised this outpouring of the Spirit, a promise which he fulfilled first on Easter Sunday and then more strikingly at Pentecost. Filled with the Holy Spirit the apostles began to proclaim "the mighty works of God," and Peter declared this outpouring of the Spirit to be the sign of the messianic age. Those who believed in the apostolic preaching and were baptized received the gift of the Holy Spirit in their turn. From that time on the apostles, in fulfillment of Christ's will, imparted to the newly baptized by the laying on of hands the gift of the Spirit that completes the grace of Baptism.

Very early, the better to signify the gift of the Holy Spirit, an anointing with perfumed oil (chrism) was added to the laying on of hands. This anointing highlights the name "Christian," which means "anointed" and derives from that of Christ himself whom God "anointed with the Holy Spirit.

Every baptized person not yet confirmed can and should receive the sacrament of Confirmation. Since Baptism, Confirmation, and Eucharist form a unity, it follows that "the faithful are obliged to receive this sacrament at the appropriate time," for without Confirmation and Eucharist, Baptism is certainly valid and efficacious, but Christian initiation remains incomplete.

Confirmation Preparation at St. Mary's

Who goes?

Juniors in High School that are members of St. Mary's Parish are prepared together to receive the Sacrament of Confirmation by participating in our Preparation Program throughout the year.

What's the Program like?

We will begin our year with a meeting for both Candidates and Parents in September.

In October, the Confirmation Class will start out with a "just for fun" activity to get to know each other better before beginning our Preparation Sessions.

All Youth Activities for youth in grades 6 through 12 will be part of "ROCKsolid Youth." ROCKsolid includes food, games, prayer, and fun activities with your own age group, and takes place each Wednesday evening from 6-8pm. From October through April, twice a month, Juniors who intend to receive the Sacrament of Confirmation will split from the rest of the High School group in order to focus on Sacramental Preparation. We will spend our time discussing our faith, the Sacraments, and what hinders or excites us about living as a Catholic Christian. The program will offer a chance to voice your questions and work out how you best can incorporate your faith into your life.

What if I'm not sure that I want to be Confirmed?

That's what this program is all about. The Confirmation program is a tool to help prepare you to be ready and open to be sealed with the Gifts of the Holy Spirit. It's a chance to learn more about and wrestle with those issues that sometimes cause us to stray from our faith. We hope that at the end of preparation, you will desire God's freely given gift of being sealed with the Holy Spirit.

How do I sign up?

Complete/gather the following and return to:

Church of St. Mary
attn: Candice Steichen
1347 E. 49th Pl.
Tulsa, OK 74105

1. "ROCKsolid" Registration Form
2. Permanent Medical Information Form (one per individual)
3. Medical Release of Liability (one per family - if you have youth in other formation programs)
4. Include Check for \$45.00 (helps defray the cost of retreat, supplies, reception, etc.)
5. Include copy of Baptismal Certificate (unless child was baptized at St. Mary's)



be
sealed
with
the
gifts
of
the
holy
spirit

wisdom
understanding
Right judgment
knowledge
courage
reverence
wonder & awe



Confirmation Program 2008-2009

Parent and Candidate Meeting

Wednesday, September 24th, during ROCKsolid

6-6:30, gathering & food, 6:30-7:30, meeting with Candidates and Parents

Completed Registration Packets Due

Monday, October 1st

Preparation Session Schedule

Wednesdays, 6:00pm–8:00pm

Confirmation Candidates are encouraged to join all St. Mary's youth in attending "ROCKsolid" throughout the year, taking place each Wednesday evening. We'll gather for food, prayer, games, service experiences, and opportunities to strengthen faith. All youth in grades 6-12 are invited to ROCKsolid each Wednesday night, regardless of the school they attend. The 1st and 3rd Wednesdays of the month, Juniors in High School will split from the other High School youth to prepare themselves for the Sacrament of Confirmation.

The following are the dates of activities for those preparing for the Sacrament of Confirmation.

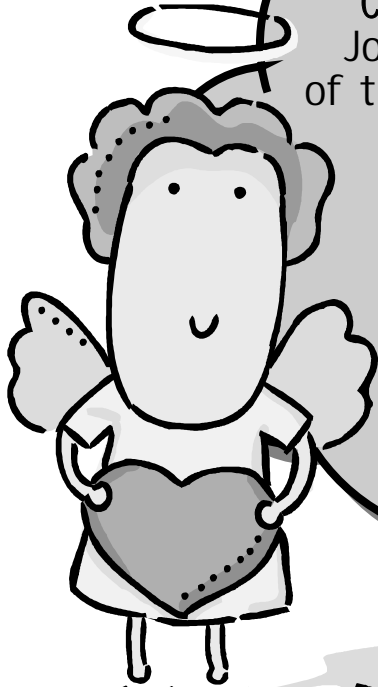
Those hoping to receive the Sacrament will need to make-up missed Sessions.

Unless otherwise indicated, the dates refer to ROCKsolid Wednesdays, 6-8:00pm.

- *Sunday, Sept. 28th: 3pm-5pm Holy Bowling!* (Confirmation Candidates to Mickey's Bowling Alley for Pizza and Bowling with Fr. Kastl & Candice Steichen, Form is attached)
- *October: 15th*
- *November: 5th (Self Safety Education), 19th*
- *December: 3rd, 17th*
- *January: 7th, 21st*
- *Saturday, Jan. 31st: 10am-7:30pm Retreat* (Bishop addresses Candidates and Sponsors at Holy Family Cathedral, Retreat for Candidates follows and ends with special service of a dinner for Families who have baptized a child this year.)
- *February: 4th, 18th*
- *March: 4th, 18th*
- *April: 1st (Reconciliation), 15th*
- *May: 6th (Rehearsal & Party including Sponsors and Parents)*

Sacrament of Confirmation

Sunday, May 10th, 6:00pm (Sponsors & Candidates arrive by 5:15pm to check-in and line-up)



Confirmation Candidates of St Mary's Parish
Join Fr. Kastl, Candice Steichen, and members
of the Confirmation Team for pizza and bowling!

Sunday, September 28th, 2008
3pm - 5pm

Meet @ Mickey's Bowling Alley
14002 E 21st St
Tulsa, OK 74134

HOLY BOWLING!

**APPLICANTS UNDER THE AGE OF 18 MUST HAVE THEIR
PARENT OR GUARDIAN SIGN THE RELEASE BELOW**

As a parent or guardian of (please print) _____, who is the applicant, I request for my daughter/son/ward to be a participant in the above activity by the way of the Church of St Mary and the Catholic Diocese of Tulsa. In case of medical or other emergency, I hereby give and grant permission to any licensed physician, dentist, hospital or emergency service selected by the coordinator/s and his/her representatives, to secure medical care and treatment including but not limited to any X-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment for my daughter/son/ward named above. I also release the coordinator/s and his/her representatives, the Church of St Mary, and the Catholic Diocese of Tulsa from all responsibility for any liability arising out of any illness or accident which may be sustained by my daughter/son/ward while in their care. In case of an emergency and parents/guardians cannot be reached, an ambulance or emergency personnel will be notified. Payment for medical emergencies is the responsibility of the parent/guardian. I understand that reasonable efforts will be made to contact me immediately in the event that something unforeseen happens that needs my immediate attention, but if the coordinator/s or his/her representatives are unable to contact me, I hereby authorize them to grant any medical or legal authority which I could grant if personally present in any emergency or urgent situation affecting my daughter/son/ward.

On behalf of myself, my heirs, assigns, executors and personal representatives, I release, hold harmless and discharge forever the coordinator/s and his/her representatives, the Church of St Mary, and the Catholic Diocese of Tulsa, employees, sponsors, chaperons, and affiliates from any and all liability, claim, loss, damage, cost or expense and waive any such claims against any such person or organization arising directly or indirectly from or attributable in any legal way to any action or omission to act of any such person or organization in connection with the organization and execution of the above activity.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

PRINTED NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____ TELEPHONE NUMBER: _____

EMERGENCY CONTACT: _____ PHONE: _____

ROCK SOLID YOUTH INFORMATION 2008 - 2009

Grades 6 - 12

YOUTH INFORMATION

Full Legal Name: _____ Birth date ____ / ____ / ____
(Last) (First) (Middle)

Address _____ City _____ Zip _____

Email Address (Please print clearly) _____

Home Phone _____ Cell Phone _____

School _____ Grade _____ Age _____

Is your family registered at St. Mary? Yes No

Sacramental Information:

Mark the sacraments which you have received. Baptism Reconciliation Eucharist Confirmation

Name of the Church where you were baptized? _____

Location of the Church of Baptism _____ Date of Baptism ____ / ____ / ____

What form of Religious Education have you attended in the past year?

Parish RE Catholic School Home None

FAMILY CONTACT INFORMATION

Father's Name _____ Phone _____

Email Address (Please print clearly) _____

Mother's Name _____ Maiden Name _____ Phone _____

Email Address (Please print clearly) _____

VIRTUS TOUCHING SAFETY PROGRAM FOR YOUTH

The Diocese of Tulsa requires that each Parish and Catholic School includes in its curriculum the *VIRTUS Touching Safety Program* for all youth K-12 age. St. Mary is required to file an attendance report for the program to the Diocese at the end of each year. Parents are provided an opportunity to preview the materials before it is presented to the youth. In order for St. Mary to be in compliance with the Diocese, please answer the following questions.

Yes No I give permission for my child(ren) to attend the VIRTUS Touching Safety Program.

Yes No If no, do you wish to receive the lesson plans for use at home?

Parent Signature

Date

PLEASE COMPLETE MEDICAL RELEASE ON BACK

CHURCH OF ST. MARY

MEDICAL RELEASE FORM

I/We the undersigned parent(s) or legal guardian(s) of

1. _____
2. _____
3. _____
4. _____

(child's name)

do hereby authorize any x-ray examination, anaesthetic, dental, medical or surgical diagnosis or treatment by any licensed physician or dentist and/or hospital service that may be rendered to said minor under the general, specific or special request of Linda Schoonover, Candice Calhoon or any person working on their behalf.

This consent will remain effective from June 1, 2008 until October 1, 2009.

I understand that every precaution will be taken to ensure my daughter/son/ward's safety. Should an accident occur, I will not hold The Church of St. Mary or the Diocese of Tulsa or its paid staff or volunteer staff responsible.

Further, I understand that attempts will be made to immediately contact me should an accident occur. If the parish is unable to contact me, I understand that an ambulance or emergency personnel will be notified. Payment for medical emergencies is the responsibility of the parent/guardian.

Signature Parent/Guardian _____

Date _____

EMERGENCY PHONE NUMBERS

NUMBER	NAME/RELATIONSHIP
1.	
2.	
3.	

CHURCH OF SAINT MARY - MEDICAL INFORMATION FORM

STUDENT'S NAME:

FOR JUNE 1, 2008 TO OCTOBER 1, 2009

_____ Date of Birth: ___ / ___ / ___ Age: ___ Sex: ___
(Last Name) (Middle Name) (First Name)

School _____ Grade: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian: _____ Phone: _____ Cell Phone: _____

Other Emergency Contact: _____ Phone: _____

PERMISSION FOR PRESCRIBED MEDICATION

List any medications being taken at this time. *(If more space is needed, list on reverse side of this form)*

Name of Medication: _____ Form: tablet/capsule/liquid/inhaler/injection/nebulizer

Reason for Medication: _____

Instructions (schedule and dose to be given at parish: program): _____ Start

date: _____ End date: _____ Other: _____

Restrictions and/or important side effects: _____

Special Storage requirements: _____ Student may carry medication: No ___ Yes ___

Student is both capable and responsible for self-administering medication: No ___ Yes-Unsupervised ___ Yes-Supervised ___

I give permission for (name of child) _____ to receive the above medication at the parish program according to standard parish policy. (Some parishes require parent/guardian to bring the medication in its original container.)

Signature of

Parent/Guardian: _____ **Relationship:** _____

OTHER INFORMATION

Date of Last Tetanus Booster: _____

List any allergies: _____

List any medical conditions/pertinent health information we should be aware of: _____

INSURANCE/PHYSICIAN INFORMATION

Physician's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Insurance Carrier: _____ Policy Number: _____

RELEASE

In case of an emergency and parents/guardians cannot be reached, an ambulance or emergency personnel will be notified. Payment for medical emergencies is the responsibility of the parents/guardians.

Signature of

Parent/Guardian: _____ **Date:** _____

ONE FORM REQUIRED PER CHILD