

Holy Spirit Catholic Church Community

Confirmation Preparation 2018-2019

Registration

Please check which program you would like to register for in 2018-2019

- Formation Year** (Confirmation Year 1 – Must be in 9th Grade or above)
- Sacramental Year** (Confirmation Year 2 – Must be in 10th Grade or above and have completed one year of preparation at Holy Spirit Church or at another Parish Confirmation program)

Other Sacramental Requests

- First Communion** (never received) **Full Initiation** (Baptism, Confirmation, 1st Communion)

Teen Information {Please print legibly}

First Name _____ Last Name _____

Birth Date ____/____/____ Gender _____ School _____

Grade in school (2018-2019) 9th 10th 11th 12th

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Do you (check all that apply) FACEBOOK TWITTER TEXT

May we contact your teen via **Flocknote** (secure email/text service) with the above information? YES NO

Parent Information {Please print legibly}

Mother/Guardian Name _____ Home Phone _____

Mother/Guardian Email _____ Cell Phone _____

Address (if different) _____

City _____ State _____ Zip _____

Father/Guardian Name _____ Home Phone _____

Father/Guardian Email _____ Cell Phone _____

Address (if different) _____

City _____ State _____ Zip _____

Baptismal Information *{Please print legibly}*

Church of Baptism: _____

City/State of Baptism: _____ Date of Baptism: _____

Check here if the above Candidate has been Baptized in another denomination

What Denomination: _____

Check here if the above Candidate has not yet been Baptized.

Check here if the above Candidate needs to receive their First Communion.

****Please include a copy of the Baptismal Certificate upon registration****

Special Needs: In order to better serve your teen, please indicate if he/she has any special needs that may affect their ability to fully participate in the Upper Room and/or retreats:

ADD Hearing Impaired Learning Disability Downs Syndrome Allergies (Environmental)

ADHD Vision Impaired Speech Delayed Autism Allergies (Medical/Diet)

Explain:

Parent Covenant:

I have read and understand the program requirements for receiving the Sacrament of Confirmation at Holy Spirit Catholic Church. I will support my child's faith journey and commitment to the process.

Parent/Guardian Signature: _____

Program Costs:

Formation Year: \$125 – Includes Materials, XLT Days, General program/material costs, and Teen Bible.

Sacramental Year: \$300 – Includes Materials, Out of town Confirmation Retreat (3 day/2 nights, meals, & transportation).

Please call Louie Latina if financial assistance is needed.

All payments are due by May 31st, 2019.

Registration & Payment:

*Include the complete payment or a non-refundable **\$50 Deposit** with this registration form along with a **copy of the Baptismal Certificate**. You may bring this registration packet to the Holy Spirit Parish Office during regular business hours (M-F 8am-4pm; closed 12-1 for lunch), or scan and email to the address below.*

Check – Amount: \$ _____ Check # _____ Cash – Amount: \$ _____ Online Payment – Amount: \$ _____

Make checks payable to "Holy Spirit Catholic Church" or go to www.HolySpiritLV.org/Confirmation and choose online payment

Louie J. Latina

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Holy Spirit Catholic Church

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CANDIDATE COMMITMENT

"For I know the plans I have for you, says the Lord, plans for welfare and not for evil, to give you a future and a hope."

—Jeremiah 29:11

As a baptized Catholic, I am preparing for reception of the Sacrament of Confirmation, by which I will be more perfectly bound to the Catholic Church and enriched with a special strength of the Holy Spirit to spread and defend the Faith as a witness of Christ.

As a candidate for Confirmation, I promise the following:

- I will approach my Confirmation journey with an open mind and an open heart.
- I will attend and will fully participate in all *Upper Room and OneEight Confirmation* sessions and activities.
- I will be respectful of the leaders and facilitators of the program and show appreciation for their time and effort.
- I will show respect to those in my class who are on the journey with me.
- I will attend the Confirmation Reflection Day during my first year of preparation and the Confirmation Retreat during my second year of preparation.
- I will attend Mass every Sunday and on all holy days of obligation.
- I will receive the Sacrament of Reconciliation before my Confirmation.
- I will accept more responsibility in my family, parish, and community by putting my talents and gifts at the service of others.
- I will commit to daily prayer, praying especially for growth in faith, hope, and love.

As I make these promises, I ask God to give me the grace to be open to his plans for my life—plans he reveals to me in prayer, in my talents and aspirations, and in the encouragement of those who know and love me. I place myself in the loving embrace of the Father, Son, and Holy Spirit in asking for help in fulfilling this commitment.

Name of Candidate (Print)

Signature of Candidate

Date

Witnessed by:

Signature(s) of Candidate's Parent(s)/Legal Guardian(s)

Touching Safety Permission Form

Holy Spirit Catholic Church will present a sexual abuse prevention program, the *Touching Safety* program, to the teens during a regularly scheduled Upper Room Session sometime throughout the year 2018-2019. The creators of the *Protecting God's Children* 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 teens at Holy Spirit Catholic Church. As a parent, you have the right to choose whether your student participates. If you have questions about the program or lesson, please contact Katie Breeden in the Holy Spirit offices.

For more information on the *Touching Safety* program, visit the VIRTUS Online website at www.virtus.org

_____ I give permission for my child (print teen's name) _____

To participate in the *Touching Safety Program*.

Parent Signature: _____ Date: _____

Opt Out Form for Use with the Touching Safety Program

Holy Spirit Roman Catholic Church **Does Not** have my permission to present the *Touching Safety program*, to my child

(Print teen's name) _____

Parent Signature: _____ Date: _____

By opting out of the *Touching Safety* program here at Holy Spirit Roman Catholic Church, I commit to going to the VIRTUS website at www.virtus.org for information to share with my children