



## ST. CLARE OF ASSISI CATHOLIC CHURCH RITE OF CONFIRMATION PREP SCHEDULE

### REQUIRED SESSIONS:

#### **2019**

SEPT. 29<sup>TH</sup> | ORIENTATION & SESSION 1 | 5:30PM-8PM | BEGINS WITH MASS

OCTOBER 27<sup>TH</sup> | SESSION 2 | 7PM-8PM | PARISH HALL

#### **2020**

JANUARY 26<sup>TH</sup> | SESSION 3 | 7PM-8PM | PARISH HALL

FEBRUARY 23<sup>RD</sup> | SESSION 4 | 7PM-8PM | PARISH HALL

MARCH 29<sup>TH</sup> | SESSION 5 | 7PM-8PM | PARISH HALL

MAY 17<sup>TH</sup> | GRAD DINNER | 6PM-9PM | PARISH HALL

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### REQUIRED SUMMER CONFIRMATION RETREATS:

COLOSSIANS 3:17 SERVICE MISSION | JUNE 23<sup>RD</sup> – 28<sup>TH</sup> | HOUSTON

ARCHDIOCESE YOUTH CONFERENCE | JULY 31<sup>ST</sup> – AUG. 2<sup>ND</sup> | HOUSTON

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### RITE OF CONFIRMATION MASS T.B.A. (SEPT.-OCT. 2020)

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### **DUE WITH REGISTRATION:**

- BAPTISMAL CERTIFICATE (COPY)
  - PARENT AGREEMENT & MENTOR FORM
  - RITE OF CONFIRMATION INFORMATION FORM
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## **YOUR COPY OF THE CONFIRMATION PARENT AGREEMENT**

**As a Parent, I will commit to:**

- **Encourage my son/daughter to regular attendance and full participation in the Mass**
- **Support the Thrive Program & Confirmation Prep Program by sharing my time and talent to the best of my ability when requested.**
- **Teen must have 75% participation in THRIVE / Must make 14 of 18 Thrive Nights August-May.**
- **If Year 2, teen will attend Colossians 3:17 Service Mission Retreat June 23<sup>rd</sup>-28<sup>th</sup>**
- **If Year 2, teen will attend the AYC Confirmation Retreat July 31<sup>st</sup>-Aug 2<sup>nd</sup>**
- **Teen will meet once-a-month with Mentor/Sponsor**
- **If teen is unable to attend the Confirmation Retreat with St. Clare's, then I understand it's my responsibility as a Parent to find an alternate Confirmation Retreat with another Catholic Parish in the Archdiocese and correspond with Chris Stevenson about this arrangement.**
- **If Year 2, teen will attend ALL Confirmation Sessions**
- **Allow time to discuss with my son/daughter all that he or she has learned from the Sunday Session and to help with any take-home materials.**
- **Pray for and with my son/daughter each week.**



## **CONFIRMATION PARENT/TEEN AGREEMENT & MENTOR CONSENT/LIABILITY FORM**

**As a Parent, I will commit to:**

- **Encourage my son/daughter to regular attendance and full participation in the Mass.**
- **Support the Thrive Program & Confirmation Prep Program by sharing my time and talent to the best of my ability when requested.**
- **Teen must have 75% participation in THRIVE / Must make 14 of 18 Thrive Nights August-May.**
- **If Year 2, teen will attend Colossians 3:17 Service Mission Retreat June 23<sup>rd</sup>-28<sup>th</sup>**
- **If Year 2, teen will attend the AYC Confirmation Retreat July 31<sup>st</sup>-Aug 2<sup>nd</sup>**
- **Teen will meet once-a-month with Mentor/Sponsor**
- **If teen is unable to attend the Confirmation Retreat with St. Clare's, then I understand it's my responsibility as a Parent to find an alternate Confirmation Retreat with another Catholic Parish in the Archdiocese and correspond with Chris Stevenson about this arrangement.**
- **If Year 2, teen will attend ALL Confirmation Sessions**
- **Allow time to discuss with my son/daughter all that he or she has learned from the Sunday Session and to help with any take-home materials.**
- **Pray for and with my son/daughter each week.**

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Parent Name (Print)

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Parent Signature

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Teen Name (Print)

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Teen Signature

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DATE



## MENTOR CONSENT & LIABILITY FORM

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.  
(If participant is 18 years of age or older, consent must be signed by the individual)**

I (name of parent/guardian) \_\_\_\_\_, grant permission for my child, (participant's name), \_\_\_\_\_ to participate in meeting with \_\_\_\_\_ (sponsor/mentor's name) to be held when I, as their parent, arrange each monthly meeting with the individual (sponsor/mentor) I have chosen for my child.

In consideration of my child's participation in this event, I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns to indemnify, hold harmless and defend the Archdiocese of Galveston-Houston, the sponsoring parish, its pastor, youth ministry leader, principal, other agents, employees or other representatives associated with the event from any and all injuries, losses or claims arising out of my child's participation in the event.

*In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.*

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Date

*Sponsor/Mentor Email:*

\_\_\_\_\_  
*\*Please turn this copy with your Faith Formation Registration.*

*You can drop it off to the Parish Office during the week.*



**ST. CLARE OF ASSISI CATHOLIC CHURCH  
RITE OF CONFIRMATION INFORMATION FORM  
YEAR 2**

*\*PLEASE PRINT LEGIBLY*

**CANDIDATE'S FULL BAPTISMAL NAME:**

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**FIRST NAME**

**MIDDLE NAME**

**LAST NAME**

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**AGE**

**DATE OF BIRTH**

**CHURCH OF BAPTISM:**

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**NAME OF CHURCH**

**DENOMINATION OF CHURCH**

**DATE OF BAPTISM**

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**STREET**

**CITY**

**STATE**

**ZIP**

**PHONE**

**PARENTS FULL NAMES**

**FATHER:**

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**FIRST NAME**

**MIDDLE NAME**

**LAST NAME**

**MOTHER:**

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**FIRST NAME**

**MIDDLE NAME**

**MAIDEN NAME**

**HOME ADDRESS:**

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**STREET**

**CITY**

**STATE**

**ZIP**

**PHONE**

\*Please return completed form to the Parish Office

*This information is recorded in our Parish Register. Please make sure all information is accurate and spelling is correct.*