



### Sacramental Preparation for Confirmation at SEAS

The two year preparation program to celebrate Confirmation teaches youth about the Holy Spirit and 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.
- **Parents are required to attend 5 Parent Education Meetings in their Second year of preparation.**
- 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.
- **Parents are required to attend 5 Parent Education Meetings in their Second year of preparation.**
- **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 who have completed their sacraments 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.

# Please retain this for your information

- First day of class is Sunday, September 20th at 2:30 p.m.
- Parent Orientation will be held in the Gym on Sunday, September 13th from 3-4 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 classroom. 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, September 20, 2015.

## Youth's Grade in School 2015 -2016 (please circle)

|   |    |    |    |
|---|----|----|----|
| 9 | 10 | 11 | 12 |
|---|----|----|----|

## Confirmation Classes

Classes meet on Sundays at 2:30 p.m. and go all the way through the end of the 4 p.m. Mass.

Year 1 students are required to attend 2 retreats. The first retreat is September 25th—27th. The second retreat is November 14th—15th.

Year 2 students are required to attend 2 retreats. The first retreat is February 13th-15th. The second retreat is May 15th.

\*Retreat dates are subject to change.

### 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

Mhernandez@seaslv.org

**Youth Ministry Summer  
Office Hours  
(June–August)**

Monday—Friday  
10am—3pm

Closed June 22-26 and  
July 5-11

# Faith Formation Student Registration 2015 - 2016

# Grades 9-12



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



### All Students—

- ◆ Tuition is \$200.00 for Year 1 students and \$225 for Year 2 students.
- ◆ Attach payment in full or a minimum of a **\$50.00 non-refundable** deposit made payable to SEAS (write child's full name on check or money order). Balance is due upon receipt of the first financial statement.
- ◆ Attach completed Field Trip Form
- ◆ The last day to register is Wednesday, September 16, 2015 (pending availability).

Youth Ministry  
Summer (June-August)  
Office Hours:  
Mon.-Fri. 10:00am – 3:00pm  
Closed June 22-26 and  
July 5-11

**Main Number: 702-804-8313**

|                                                                                                          |                  |                                              |              |
|----------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------|--------------|
| <b>Name of Parish where family is registered:</b>                                                        |                  |                                              |              |
| <b>What Ministry Parent would like to volunteer?</b>                                                     |                  |                                              |              |
| <b><u>EMAIL:</u> This is our main communication mode for all Faith Formation information.</b>            |                  |                                              |              |
| <b><i>Primary Email:</i></b>                                                                             |                  |                                              |              |
| <small>(Student must be registered by legal name)</small>                                                |                  |                                              |              |
| <b>Student</b> First Name:                                                                               | Middle Name:     | Last Name:                                   |              |
| T-Shirt Size (Adult sizes):                                                                              | Height:          | Weight:                                      |              |
| Date of Birth:        /        /                                                                         | Age:             | Gender: <b>M / F</b>                         |              |
| <b>Address:</b> Street:                                                                                  | City:            | Zip Code:                                    | Home Phone # |
| Middle School:                                                                                           | High School:     |                                              |              |
| <b>Parent/Guardian</b> First Name:<br>Child:                                                             | Last Name:       | Relationship to                              |              |
| <b>Cell Phone #:</b>                                                                                     | <b>Religion:</b> | <b>Marital Status:</b>                       |              |
| <b>Parent/Guardian</b> First Name:<br>Child:                                                             | Last Name:       | Relationship to                              |              |
| <b>Cell Phone #:</b>                                                                                     | <b>Religion:</b> | <b>Marital Status:</b>                       |              |
| <b>Emergency Contact</b> (during class time):                                                            |                  |                                              |              |
| Name:                                                                                                    | Relationship:    |                                              |              |
| Home Phone #:                                                                                            | Cell Phone #:    |                                              |              |
| Name of Birth Father of Student:                                                                         |                  |                                              |              |
| Name of Birth Mother of Student:                                                                         |                  | <b>Maiden</b> Name of Birth Mother of Child: |              |
| Student's Birthplace:    City:                                                                           | State:           |                                              |              |
| <small>*Please do not skip any of the information as it is vital to retreat and class placement.</small> |                  |                                              |              |

**Please Check the ONE that applies to your child-**

Sacrament Preparation is a 2 year program for children preparing for Confirmation.

Year 1 \_\_\_\_\_ Year 2 \_\_\_\_\_

Sacrament Preparation for Baptism, First Eucharist and Confirmation

Year 1 \_\_\_\_\_ Year 2 \_\_\_\_\_

**Youth's Grade in School 2015 -2016 (please circle)**

|   |    |    |    |
|---|----|----|----|
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**Confirmation Classes**

Classes meet on Sundays at 2:30 p.m. and go all the way through the end of the 4 p.m. Mass.

Year 1 students are required to attend 2 retreats. The first retreat is September 25th—27th. The second retreat is November 14th—15th.

Year 2 students are required to attend 2 retreats. The first retreat is February 13th-15th. The second retreat is May 15th.

**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 Students Only
- An Overnight Homeless Retreat—New Youth Only
- Pentecost Retreat—Year 2 Youth Only
- Youth Rally

**All payments are non-refundable. I give my permission to publish pictures of my child in parish or Diocesan publications.**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**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 students during a regularly scheduled class in the month of **October**. The creators of the *Protecting God's Children*<sup>TM</sup> 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 students at St. Elizabeth Ann Seton Roman Catholic Church. As a parent, you have the right to choose whether your student 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*<sup>TM</sup> website at <https://www.virtusonline.org/educators/TeachingTouchingSafety.pdf>

\_\_\_\_\_ I give permission for my child, (print name) \_\_\_\_\_ to participate in the *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 *Touching Safety* program, to my child (print 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*<sup>TM</sup> 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: **Confirmation Retreats and Activities**

Date of Event: **Various - see page 3**

Destination of event: **Various - see page 3**

Individual in charge: **Meghan Hernandez**

Estimated time of departure and return: **Various - see page 3**

Mode of transportation to and from event: **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/We hereby warrant that to the best of my/our knowledge, my/our child is in good health, and I/we assume all responsibility for the health of my/our 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/we hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I/We wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me/us at the above numbers, contact:

Name and relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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/We 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: \_\_\_\_\_

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

Allergic reaction (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have medically prescribed diet? \_\_\_\_\_

Are there any physical limitations? \_\_\_\_\_

\_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed-wetting, fainting?

\_\_\_\_\_

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 Diocese 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 |
|----------------|-------------------|---------------------------------------|---------------------------------------|------------------------|
| 9/25-9/27/15   | Year 1 Retreat    | Potosi Pines                          | 4 pm on 9/25/15 until 2 pm on 9/27/15 | Bus                    |
| 11/14-11/15/15 | Homeless Retreat  | Catholic Charities, Woodlawn Cemetery | 8am on 11/14/15 until 9am on 11/15/15 | private                |
| 2/6/16         | Youth Rally       | Bishop Gorman High School             |                                       | private                |
| 2/24-2/25/16   | Anaheim Youth Day | Anaheim, CA                           | 4am on 2/24/16 until 12am on 2/26/16  | Bus                    |
| 2/13-2/15/16   | Year 2 Retreat    | Alpine Meadows, CA                    | 7 am on 2/13/16 until 4 pm on 2/15/16 | Bus                    |
|                | BYOB Events       | Various                               |                                       | private                |
|                |                   |                                       |                                       |                        |
|                |                   |                                       |                                       |                        |
|                |                   |                                       |                                       |                        |
|                |                   |                                       |                                       |                        |
|                |                   |                                       |                                       |                        |
|                |                   |                                       |                                       |                        |
|                |                   |                                       |                                       |                        |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_