



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 guideline 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.
- Parents or guardians are registered members of St. Elizabeth Ann Seton Parish or a Catholic Parish in the Las Vegas Diocese.
- The child is registered in and regularly attends Faith Formation sessions at St. Elizabeth Ann Seton Parish.
- **Parents are required to attend 6 Parent Education Meetings in their Second year of preparation.**
- Child is required to attend 4 retreats throughout the 2 year process. 2 retreats in their first year and 2 retreats in their second year.
- Children 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 children who were not baptized as infants, who are in high school and will participate in the Rite of Christian Initiation at the Easter Vigil.
- Children will attend weekly age-appropriate classes including Salvation History during their first year.
- Parents and child will attend Sacrament Preparation Meetings periodically as required by the pastor.
- **Parents are required to attend 6 Parent Education Meetings in their Second year of preparation.**
- These along with all Confirmation requirements will be fulfilled by the family.
- Children 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 is 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 this time for 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. All are welcome.

Please retain this for your information

- First day of class is Sunday, September 21st at 2:30 p.m.
- Parent Orientation will be held in the gym on Sunday, September 28th at 3 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 September 21, 2014.

Child's Grade in School 2014 -2015 (please circle)

9	10	11	12
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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 October 10th—12th. The second retreat is November 15th—16th.

Year 2 students are required to attend 2 retreats. The first retreat is February 14th-16th. The second retreat is May 17th.

*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

Main Office Number: 804-8313

Youth Ministry Summer Office Hours

(June– August)

Monday—Friday

10am—3pm

Closed June 23-27 and

July 6-12

Faith Formation Student Registration 2014 - 2015

Grades 9-12



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

Eucharist Certificate.

All Students—

- ◆ Tuition \$ 200.00 for Year 1 students and \$225 for Year 2 students.
- ◆ Attach payment in full or a minimum of **\$50.00 non-refundable** deposit made payable to SEAS (write child's full name on check or money order.)
- ◆ Attach completed Field Trip Form
- ◆ The last day to register is Friday September 12, 2014 (pending availability).
- ◆ First day of class September 21, 2014.

Youth Ministry
Summer (June-August)
Office Hours:
Mon.-Fri.. 10:00am-3:00pm
Closed June 23-27 and
July 6-12

Main Number: 804-8313

Name of Parish where family is registered:

What Ministry Parent would like to volunteer?

EMAIL: This is our main communication mode for all Faith Formation information.

Primary Email:

(Student must be registered by legal name)

Student 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 Child:

Cell Phone #:

Religion:

Marital Status:

Parent/Guardian First Name:

Last Name:

Relationship to Child:

Cell Phone #:

Religion:

Marital Status:

Emergency Contact (during class time):

Name:

Relationship:

Home Phone #:

Cell Phone #:

Name of Birth Father of Student:

Name of Birth Mother of Student:

Maiden Name of Birth Mother of Child:

Student's Birthplace: City:

State:

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 _____

Student's Grade in School 2014 -2015 (please circle)

9	10	11	12
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Confirmation Classes

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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.

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
- Retreat T-Shirt
- Retreat Supplies
- A 2 Night Off- Campus Retreat
- Robes for the Confirmation Liturgy
- Youcat—New Students Only
- Youcat Study Guide- New Students Only
- Bible—New Students Only
- An Overnight Homeless Retreat—New Students Only
- Pentecost Retreat—Year 2 Students Only

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*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 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*TM website at www.virtus.org.

_____ 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*TM website at www.virtus.org 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

Date of Event: see page 3

Destination of event: see page 3

Individual in charge: Meghan Hernandez

Estimated time of departure and return: 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
10/10/14- 10/12/14	Confirmation 1 Retreat	Potosi Pines	Friday 4:30 pm - Sunday 12:00 pm	bus
11/15/14- 11/16/14	Homeless Retreat	Catholic Charities, Salvation Army, Woodlawn Cemetery, LV Rescue Mission	Saturday 8 am - Sunday 9 am	private
2/14/15- 2/16/15	Confirmation 2 Retreat	Alpine Meadows Retreat Center, CA	Saturday 8 am - Monday 3 pm	bus

Signature: _____ Date: _____

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

Signature: _____ Date: _____