



"I have called you by name;
You are mine"

- Isaiah 43:1

Confirmation Packet

2015-2016

Sacramental Preparation for the Rite of Confirmation

Holy Trinity Catholic Church



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REGISTRATION DEADLINE: OCTOBER 9

**PLEASE RETURN COMPLETED REGISTRATION PACKETS TO:
PARISH CENTER FRONT DESK (3513) N St NW
OR MAIL TO:**

**HOLY TRINITY CHURCH
ATTN: CONFIRMATION REGISTRATION
3513 N STREET NW
WASHINGTON DC 20007**

A COMPLETED REGISTRATION PACKET INCLUDES:

- 1. REGISTRATION FORM (2 PAGES)**
- 2. BAPTISM CERTIFICATE**
(Please attach address of the Church your child was baptized at if it is not written on the Baptism Certificate)
- 3. RETREAT PERMISSION & EMERGENCY FORM (2 PAGES)**
- 4. \$ 90.00 PROGRAM FEE**

INFORMATION ABOUT THE SACRAMENT OF CONFIRMATION



Confirmation brings an increase and deepening of baptismal grace.

- It unites us more firmly to Christ and increases the gifts of the Holy Spirit in us
- It renders our bond with the Church more fully
- It gives us a special strength of the Holy Spirit to spread the Faith by works and actions as true witnesses of Christ and to profess the name of Christ boldly.

How do I know if I'm ready?

None of us are ever fully ready, worthy, or deserving of a sacrament. But,

- You need to be open to how God will strengthen you and continue to be present in your life
- You can make an effort to be prepared to celebrate Confirmation in a way that shows sincerity
- You can participate all the way, making your responses come alive and keeping your eyes and ears ready to become more aware of what God is doing in your life

The community - parish, parents, sponsors, and Confirmation team – is also here to help you feel prepared.

Resources for Parents and Sponsors can be found here:

<http://trinity.org/confirmation/youth-confirmation/>

What is required of me on this journey to Confirmation? You are asked to...

1. **Select a Sponsor** who will walk with you and help you on your journey to celebrate Confirmation. Each candidate is asked to choose an adult member of the greater Catholic community to act as a sponsor during the Confirmation journey. The Sponsor represents the Catholic community and should be seen as a life-long role model and guide for the Candidate.

Sponsors selection guidelines:

- ♣ According to Canon Law, Sponsors must be Confirmed Catholics at least 16 years of age.
 - ♣ Sponsor should be active in his/her faith and Christian life. Active participation means that the sponsor regularly attends Mass and is involved in the life of their parish and – most importantly – his/her faith formation
 - ♣ Some ideas for sponsors are the Baptism Godparent or someone outside the immediate family who authentically lives their faith. Parents may not be sponsors because parents have their own unique role in their children's faith formation.
2. **Attend** the Wednesday evening sacramental prep sessions, rituals, and retreats as designated in the calendar – Parents are asked to attend the parent sessions.
 3. **Experience** small faith sharing communities (sessions) that will help you to grow in faith and be ready to celebrate the Rite of Confirmation.
 4. **Celebrate** the Sacrament of Reconciliation.
 5. **Write a Reflection** on the life of a Catholic saint that will be your model during this process.
 6. **Complete** 20 hours of community service and write a reflection on that service project.
 7. **Attend** the Confirmation rehearsal prior to the celebration of the Sacrament -- Sponsors are encouraged to attend all parent sessions and the rehearsal if available to do so. If not available, parents or other family member should plan to attend.

Who do I contact if I have questions?

Sara Seligmann, (202)903-2814 or sseligmann@trinity.org



CANDIDATE AND PARISH COVENANT

- A covenant, in its most general sense, is a solemn contract or similar undertaking

The Candidate and Parents

The Parish

I understand that deciding to enter the Confirmation preparation program is an important decision requiring study, prayer and purposeful participation.

I will do my best to take this decision seriously and will participate and support my companions on this journey by asking questions and sharing my thoughts and opinions. I will strive to be engaged in my words and actions for my benefit and for the benefit of my peers.

I have been told about and understand that a retreat is a required element of the process. Should a serious problem arise regarding my attendance, I will contact the Confirmation Coordinator (with sufficient advance notice) and we will come to a resolution together.

I understand that if I have to miss a session I should contact the Confirmation Coordinator as soon as I know about the scheduling issue and alternative options will be laid out.

If I miss a session, I will need to contact the Confirmation Coordinator and discuss options to make up the missed experience. This should be done within one week of the missed session.

I understand and agree to the service ministry portion of the program that includes 20 hours of service and a written reflection.

I will do my best to pray every day to encourage my growth in and understanding of the Holy Spirit. Further, I will participate in Mass each week. I understand that doing so will help me celebrate more fully in the Sacrament of Confirmation.

I understand that the Confirmation preparation program is entered into *voluntarily*. It is understood that those who attend do so because they want to.

The parish will support you with the materials and information necessary for the preparation program.

The program coordinators, catechists, parish staff, and the parish community will pray for you and your fellow companions so that you may continue to grow in the power of the Holy Spirit.

The program coordinators, catechists, and program team are here to help you grow in your awareness of how the Holy Spirit is active in your life.

CATECHETICAL GUIDELINES FOR THE CONFIRMATION PREPARATION PROGRAM



Holy Trinity Sacramental & Catechetical guidelines require that:

- 1) **All families must be registered members of the parish.**
Caveat: Children that attend HTS but are members of another Catholic parish may participate in this program as per Archdiocesan guidelines. Participation must be verified with program coordinator.
- 2) Children must be enrolled in a Catholic school or RE program for two years prior to the celebration of a Sacrament of Initiation (i.e. 7th and 8th grade catechetical preparation).
- 3) High School Age Children: For children who are out of sync with the Confirmation age in the Archdiocese of Washington, (i.e., 9th -12th graders), contact the RE Office directly. We are able to accommodate high school students into the preparation program in a developmentally appropriate and compelling manner.

Guidelines for families with children in RE, Holy Trinity School, Catholic schools or Private, Non-Catholic schools:

A) Religious Education program:

- ♣ Consistent attendance at Sunday morning RE classes from September to May
- ♣ Consistent attendance at Sunday Mass
- ♣ Attendance at all Sacramental Preparation sessions as scheduled in the Preparation Calendar
- ♣ Submit reflections, reports or documents to the RE office as specified in the Program Calendar

B) Holy Trinity School or Private, Catholic School:

- ♣ Consistent attendance at Sunday Mass
- ♣ Attendance at all Sacramental Preparation sessions as scheduled in the Preparation Calendar
- ♣ Submit reflections, reports or documents to the RE office as specified in the Program Calendar

C) Private, Non-Catholic School:

- ♣ Consistent attendance at Sunday morning RE classes from September to May
- ♣ Consistent attendance at Sunday Mass
- ♣ Attendance at all Sacramental Preparation sessions as scheduled in the Preparation Calendar
- ♣ Submit reflections, reports or documents to the RE office as specified in the Program Calendar



CONFIRMATION RETREAT

Participant Behavior Guidelines

The Confirmation retreat is designed to be a special day for the Candidates. It's a time to be with one another and reflect on the journey ahead. In order to keep the day flowing smoothly we ask that you remain considerate of one another in observing the following guidelines:

- Respect all team members and facilities staff and one another.
- Dress in a way that respects your dignity and is comfortable.
- No outside foods or beverages – this includes gum.
We'll be serving lunch and snacks throughout the day. Food allergies must be reported on the Retreat Permission Form to assure a safe environment and appropriate food selection.
- No Cell Phones: If we see or hear it, we will take it away.
- No Headphones, I-PODS or any similar device. If we see or hear it, we will take it away.
- No device that may be used as a weapon (lighters, matches, lasers, knives, etc). The item will be taken and your parents will be called to pick you up.
- No running in the building.
- No smoking; your parents will be called to pick you up.
- No wandering beyond the outside boundaries set forth by the team leader.
- Keep noise to a minimum.
- Maintain the facilities and rooms neatly. All furnishings must stay in the rooms in which they were found.
- **Ask any team leader for help if you need anything – especially if you feel sick.**
- Be open to having a good time. Be yourself and work as part of the team.

SAINT REFLECTION

Due: January 8, 2016



History behind the Confirmation Name

The tradition of selecting a saint's name for Confirmation grew out of a pre-Vatican II practice that asked Confirmandi to select a Saint's name to be invoked during the Rite of Confirmation. Some of your parents and grandparents may have been required to do this. However, since Vatican II, this practice is no longer a requirement of the Rite of Confirmation. The Church invites Candidates to keep the name given to them at Baptism.

The Church strongly suggests that you use the name your parents gave to you at Baptism. The reason is that Confirmation is the fullness or completion of the Sacrament of Baptism. Neither the Rite of Confirmation nor the Code of Canon Law – at any point before or after Vatican II - refers to the process of selecting another name for Confirmation.

The Rite simply refers to the candidate being “called by name.” The presumption is that the Candidate is called by the name given at the time of Baptism. The Baptismal promises your parents made on your behalf when you were a baby are renewed at Confirmation.

The Saint Reflection

Whatever name you decide, your own name or that of a favorite saint, we ask that you explore how this holy person, this saint, offers you witness to walk more closely with Christ during the Confirmation preparation process.

Find out if you were named after a beloved family member or favorite saint; or, research the roots of your name as a derivative of a Christian name.

Confirmation Name

If you intend to take another name for Confirmation, state it explicitly in your reflection:

1. For Confirmation, I am taking the name of ... because **OR**
2. For Confirmation, I am affirming my Baptismal name of ... because

Guidelines for writing your Saint Reflection (1 page maximum, please)

- Start with: For Confirmation I am taking/affirming the name...
- Provide a brief summary of their life. (1 paragraph maximum)
- Why did you select this saint?
- How can the life of this saint be a model of faith and commitment to you throughout the Confirmation process?
- Please – do your best to write a genuine, reflective, original work – not a cut and paste job off the internet.

How to Send:

- 1) **Preferred Method:** Email reflection in the body of the email to sseligmann@trinity.org

Subject line: Saint Reflection for “Candidate Name”

Good grammar and writing style are expected. PDFs are acceptable. Avoid Word attachments or other formats

- 2) **Drop off** in the RE Resource office/Upper School Cafeteria-open every Sunday
- 3) **Mail** to HT Attn: Sara Seligmann

SERVICE TO OTHERS: HAVING A GRATEFUL HEART

HOURS DUE & REFLECTION DUE: MAY 1, 2016



The Confirmation Preparation Program encourages the Candidates for Confirmation to stretch their comfort zones and grow in humbleness and gratitude.

Fr. Gustavo Gutierrez, OP, has said that our task as Christians is to transform the world through love and justice. And, only one kind of person transforms the world spiritually—to achieve this we must have grateful hearts.

To serve, then, is a true gift for both the recipient and the giver. It is important not only to listen and understand the Word of God, but also to apply the lessons learned. This is essential to living as a Christian and following Jesus' footsteps.

The connection between Confirmation and service is this: That each confirmed Christian has a calling and a responsibility to serve as a living example of Jesus' teachings – to serve one another with humbleness. God calls us to serve and we say, "Here I am, Lord!"

Guidelines & Requirements:

1. 20 Hours and the reflection are due on or before the weekend of May 1.
2. It is the Candidate's responsibility to fulfill the requirements of this project
3. Service should reflect work done beyond the usual chores and duties done at home
4. Service should be directed to people, i.e. **human-to-human interaction**
5. Service should not have any financial compensation.
6. Service should be done with a generous and willing spirit.

Reflection Questions and Guidelines:

1. What was/were your service project(s)? - 1 paragraph
2. **Describe** your experience/s. Was it a new experience?
3. Was it difficult/easy? Do you think you made a difference?
4. What did you learn about yourself and others in doing these projects?
5. Has this service experience enhanced your understanding of Confirmation?
6. In what ways did you see God in your experience?

How to Send:

1) **Preferred Method:** Email reflection in the body of the email and scan Service to Others log to sseligmann@trinity.org

Subject line: Service Hours and Reflection for "Candidate Name"

Good grammar and writing are expected. PDFs are acceptable. Avoid Word attachments or other formats.

- 2) Drop off in the RE Resource office/Upper School Cafeteria-open every Sunday
- 3) Mail to HT Attn: Sara Seligmann

SERVICE TO OTHERS LOG

- Record 20 service hours on this sheet
- Service Hours due on **May 1, 2016**
- Written reflection due on or before **May 1, 2016**



Date	Organization/ Location	Hours	Type of Service	Supervisor Signature
	Total			



CONFIRMATION PROGRAM REGISTRATION FORM 2015-2016

Due: October 9, 2015

Fee: \$90.00 Payable to Holy Trinity

Candidate Name: _____	Nick Name: _____
Mailing Address: _____ _____	Date of Birth: _____
School: _____	Place of Birth: _____
Candidate Email: _____	Grade: _____
	T-shirt size: _____

FAMILY INFORMATION

Mother/Guardian Name: _____	Home #: _____
Mailing Address: _____ _____	Work #: _____
Email: _____	Cell #: _____

Father/Guardian Name: _____	Home #: _____
Mailing Address: _____ <i>If different</i>	Work #: _____
Email: _____	Cell #: _____

RELIGIOUS EDUCATION

Please indicate below where your child has received religious education:

Grade 7 Parish or School: _____	City/State: _____
Grade 8 Parish or School: _____	City/State: _____

SACRAMENTAL INFORMATION

1. Catholic Baptism?	<input type="checkbox"/> YES	<input type="checkbox"/> NO - If not, what denomination?			
2. Baptized at Holy Trinity?	<input type="checkbox"/> YES	Baptism Date:	Month	Day	Year
3. Not Baptized at Holy Trinity Parish? - Attach a copy of Baptism certificate to this form. If the certificate does not include the parish address, please write the address directly onto the certificate copy.					Certificate Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO

Sponsor Information

Sponsor Name: _____

Mailing Address: _____

City, State, Zip _____

Email Address: _____

Does the sponsor
meet all the
requirements outlined
in the selection
guidelines?

☐ YES

HEALTH, MEDICAL AND SPECIAL NEEDS INFORMATION

Information listed below remains confidential and will serve to assist the coordinator and team in managing group dynamics. If there is any other information that would be helpful for us to know, please list below:

Please list any chronic health conditions, food or environmental allergies, educational or behavioral needs (ADD/HD, slow reader, etc.)

FOR OFFICE USE ONLY		Date Processed:	MM	DD	YY
Sacramental Registration Bk	<input type="checkbox"/> √ By:	CMS	<input type="checkbox"/> √ By:		
Logos	<input type="checkbox"/> √ By:	Birthplace	<input type="checkbox"/>		
Baptism Certificate	<input type="checkbox"/> √ By:	Date of Sacrament and Celebrant			

FOR OFFICE USE ONLY	Date Processed:	MM	DD	YY	Check:	#
CN:						



PERMISSION & EMERGENCY FORM CONFIRMATION RETREAT 2016

Child's First Name _____ Last Name _____

I allow my child to participate in Confirmation Retreat detailed below:

Place:	The Bishop Claggett Center 3035 Buckeystown Pike Telephone: (301)874-5142 ext. 100
Date:	Sunday, April 24, 2016
Transportation:	A Contracted School Bus Company
Drop Off Time:	7:30am at McKenna Hall <u>The buses leave promptly at 8:00am</u>
Return Time:	Approximately 5:00pm at McKenna Hall

I know that all possible care and safety will be provided for my child during the above-named activity. Therefore, in granting my permission, I release from all liability and waive all claims against Holy Trinity Catholic Church, church staff, and church volunteers for any harm to my child that may occur during this activity, including but not limited to accident, injury, illness, or property loss. I understand that I must pick up my child at the time indicated.

Print – Parent/Guardian Name

Signature – Parent/Guardian

CONTACT INFORMATION FOR DAY OF THE EVENT

Mother/ Guardian	Home: _____ Cell: _____ Work: _____	Father/ Guardian	Home: _____ Cell: _____ Work: _____
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CANDIDATE BEHAVIOR COVENANT (Candidate signature is required)

I have read the Retreat Guidelines and understand that if I violate the trust placed in me, my parents will be required to remove me from the site.

Signature of Retreat Participant

Date

Turn to back side for Health Form & Emergency Medical Release Form

Health Form & Emergency Medical Release Form

This information remains confidential and will be destroyed at the end of the year.

Child's Name: First Last

Gender: M F Date of Birth: Day Month Year

HEALTH INSURANCE

Insurance Company: _____ I D #: _____

Policy Number: _____ Group ID#: _____

Environmental allergies, other chronic conditions, recent or current illness or injury?

FOOD ALLERGIES: *No outside foods or beverages are allowed. The catering staff can accommodate most food allergies.

Please list any medications that your child will be taking while on retreat:

The following may be dispensed to my child (as prescribed by the product label).

Circle all that apply: Tylenol Ibuprofen Aspirin Other:

IMMUNIZATIONS & TB. Are the following immunizations/tests current to this school year?

Immunizations? ☐ YES ☐ NO Tetanus Shot? ☐ YES ☐ NO TB Test Negative? ☐ YES ☐ NO

EMERGENCY MEDICAL TREATMENT RELEASE

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Signature of parent/guardian

Date

ALTERNATE CONTACT: In the even of an emergency, please contact the following:

Name:			
Relationship to child:			
Home Phone:		Cell Phone:	

ACKNOWLEDGEMENT OF PROGRAM COVENANT

CANDIDATE COVENANT

I have read the program requirements, the candidate covenant, and the retreat behavior guidelines.
I agree to follow the preparation program with the help and support of my parents and sponsor.

CANDIDATE

SIGNATURE: _____

PARENT COVENANT

I have read and understand the program requirements. I will support my child's faith journey and commitment to the process.

PARENT/GUARDIAN

SIGNATURE: _____

Parent Volunteers Needed: I would like to volunteer my time and talents to the program this year.

☐ Office volunteer

☐ Confirmation Retreat Potluck

☐ Arts and Crafts

☐ Other

Authorization to Publish Pictures

I grant permission to Holy Trinity Catholic Church to publish pictures of my child on the church's web site or in the church's publicity information, newsletters, bulletins or other printed material. I further state that I have the right to grant or refuse this permission, as I am the child's parent/legal guardian.

☐ YES

☐ No

Initials: _____