



August 15th, 2011

Dear Parents/Guardians:

Congratulations and God bless your child as they prepare for the Sacrament of Confirmation – and God bless you and your family as you support them during this time of spiritual preparation. We are honored that you have entrusted us with helping you pass on the faith to your child.

Because of the importance of preparation of mind & spirit before receiving this gift from God and due to the limited amount of time afforded in one school year to fully prepare our candidates, Sacred Heart's Confirmation Preparation Program (like many in our diocese) is a 2-year Program.

Students first attend "Pre-Confirmation class" (typically in their 9th grade year). This class focuses on the core tenants of our Catholic faith. The following year, they attend "Confirmation class" (typically in their 10th grade year). This class will follow up the catechesis from Pre-Confirmation with an added emphasis on the Sacraments of Initiation, focusing especially on the Sacrament of Confirmation.

If your child attended Pre-Confirmation class during '10-'11, then they can register for the Confirmation Class. If they did not attend Pre-Confirmation class with us last year, then they will need to register for Pre-Confirmation this year to begin the Confirmation preparation process. Students who attended religious formation classes through Notre Dame for '10-'11 may register for Confirmation class as well.

Printed on the back of this handout is the 2011-2012 Class Schedule. Please keep it somewhere handy so your family can stay informed of evenings when classes are cancelled (due to Catechist Meetings or Holidays). If you have any questions, please contact me.

Cassandra Erazo – Coordinator of Youth Ministry & Adolescent Catechesis
Sacred Heart Catholic Church – 1504 10th St, Wichita Falls, TX 76301
940-723-5288 ext 23 cerazo@sacredheartwf.org

Important Reminders:

Classes begin Wednesday, **September 14**, from 7pm to 8pm. 7th – 12th grade youth are invited to join us for a social hour called BLAST (Bringing Lively & Active Students Together) in the Youth Hall each Wednesday before classes begin. BLAST is from 6pm – 7pm and a meal is provided.

Youth are invited to the **Welcome Back Youth Mass** on **Sept 18th** at 12:00 noon. Following the Mass, there will be a meal & **Teen Social**. 7th-12th grade youth are invited to hang out with us at the social in the Youth Hall until 3:30pm.

The **Confirmation PARENT & STUDENT MEETING** is scheduled for WED, **October 12th** from 6:30pm – 8pm. At least one parent needs to attend this meeting along with their child. The \$60 registration fee & candidate's baptismal certificate are due at this meeting.

Sacrament of Confirmation Registration Form ~ '11-'12
SACRED HEART PARISH - Wichita Falls, TX

Student Name: _____
(First) (Middle) (Last)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Student Cell: _____ Texting: Y / N

Father's Cell and/or Work (please specify): _____

Mother's Cell and/or Work (please specify): _____

Student Email address: _____

Parent Email address: _____

Grade: _____ Adult T-Shirt Size: _____ School Name: _____

Birth date (m/d/y): _____ Place of Birth (city & state): _____ Age: _____

Father's Name: _____
(First) (Middle) (Last)

Mother's Name: _____
(First) (Middle) (Maiden Name) (Current Last Name)

Name of Guardians (if applicable): _____

IF YOU ARE NOT SURE OF THE FOLLOWING 3 LINES, PLEASE LEAVE BLANK

Date of Baptism: _____ Church of Baptism: _____

Baptism City: _____ Baptism State: _____

Sponsor Name: _____ Confirmation "Saint" Name: _____

Registered at Sacred Heart? (circle one) YES NO

Has student already been baptized and received First Holy Communion? YES NO

Does your child have special learning needs? YES NO

Please Specify: _____

Health Problem(s): _____

Student living with: (circle one) Both Parents Father Mother Other _____

For Parish Use Only

Amount Paid _____ Date _____ Check# _____ Cash _____ Catechist _____

Form B Consent to Participate and Consent for Emergency Medical Treatment

Catholic Diocese of Fort Worth and/or the Parish of Sacred Heart (Wichita Falls) Youth Ministry Program(s) Consent To Participate/Consent for Emergency Treatment

I, _____ grant permission for my child, _____
Parent or guardian's name Participant's Name

to participate in the below described parish event. This activity will take place under the guidance and direction of parish employees and/or volunteers from the above named parish.

A brief description of the activity follows:

Description of event: **Confirmation Retreat**

Date of event: **FRI – SUN, November 18th – 20th, 2011**

Destination of event: **Black Sox Training Camp ~ Burkburnett, TX**

Individual(s) in charge: **Cassie Erazo & Francisco Salas & Debbie Neely**

Estimated time of departure and return: **Retreat begins at 6PM on Friday at the Black Sox Training Camp and ends after 12PM Mass at Sacred Heart.**

Mode of transportation to and from event: **Parents are responsible for dropping their child off at the Black Sox Camp on FRI and picking up their child from Sacred Heart on SUN.**

During this event, I give permission for either of the adults named above in charge of the event to consent to emergency medical or surgical treatment for _____.
Name of minor

There are no changes to insurance or medical information since I last filled out Form A for my child named above.

Please note the changes to insurance and medical information that has changed since I last filled out Form A for my child named above:



Signature of Parent/Guardian/Conservator _____

Please Print Name _____ Date _____

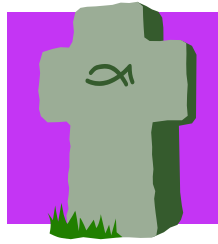
Cell Phone _____ Do you text? _____ Home Phone _____

If parent is not signing this consent form, please state the name of parent, if known _____

Emergency Contact Name _____ Cell _____ Do you text? _____

This form "CONSENT TO PARTICIPATE/CONSENT FOR EMERGENCY TREATMENT" must be attached to the Parent/Guardian/Conservator Permission and Liability Waiver form for each event attended (Form A).

August 15th, 2011



Dear Parents:

Our ministry with your child is a sacred trust. Because of this, we are committed to following the Diocesan mandate to provide classroom training to teach our children and youth how to protect themselves from sexual abuse. This mandate originated with the United States Conference of Catholic Bishop's *Charter for Protection of Children and Young People*.

In the Diocese of Ft. Worth, this program has been integrated into the religious formation classes for each year in all parishes. The program we use is entitled *Called to Protect* and has lessons to discuss self protection specifically developed with age appropriateness in mind. *Called to Protect* for Jr. High & High School students is broken into 3 separate lessons. We will offer one lesson each year. There is a brochure available which addresses the Safe Environment Program for our diocese in more detail.

On **Wednesday, November 9th**, a *Called to Protect* session will be given for 7th – 12th graders during regular class hours (7:00PM – 8:00PM) in the **Parish Hall**. As always, parents are welcome to view the *Called to Protect* video and materials prior to the class and are welcome to attend the class as well. All students are encouraged to attend B.L.A.S.T. (a social hour with food & activities for 7th – 12th graders) from 6:00PM – 7:00 PM in the Parish Hall.

Please turn to the back of this page and check the box to let us know if your child will participate in the presentation.

Don't forget to sign it also. Thanks!

Please email me at cerazo@sacredheartwf.org or give me a call at the office, #(940) 723-5288 ext. 23 if you have any questions. We thank you for your support as we partner to give our children the safest possible environment to grow in faith, in our parishes, in our homes, and in our communities.

Peace & Blessings,

Cassandra Erazo –Coordinator of Youth Ministries & Adolescent Catechesis
Sacred Heart Catholic Church ~ 1504 10th Street, Wichita Falls, TX 76301

Called To Protect

DIOCESE OF FORT WORTH
Child Self-Protection Program
Safe Environment

Parish Name: Sacred Heart, Wichita Falls

Date: _____

Please inform us of your intention regarding the program for your child below:

(PLEASE CHECK ONE OF THE FOLLOWING BOXES)

Yes, my child **will participate** in a safe environment (child self-protection) program for children on Wednesday, November 9th, 2011.

No, my child **will not participate** in a safe environment (child self-protection) program for children. I will keep my child at home on WED, November 9th, 2011.

Please return this form to the Pastoral Center Office before November 9th. Thank you!

PLEASE PRINT CLEARLY

Parent Name _____

Student
Name _____

* Parent Signature _____ Date _____