



# Confirmation Calendar

## St. Joan of Arc Parish

### 2022/2023

As of May 23, 2022

DATE	TIME	DESCRIPTION
30-Jun		<b>CONFIRMATION REGISTRATION PACKET DUE</b>
01-Aug to 12-Aug	Teens to sign up for a time slot	Gina's getting-to-know-you sessions with teens only
21-Aug	7:00 – 9:00 p.m.	Small Group Session #1
28-Aug	7:00 – 9:00 p.m.	Small Group Session #2
4-Sep	N/A	<b>NO SESSION - SCHOOL RECESS</b>
11-Sep	4:30 - 7:30 p.m. <b>LEADERS, CANDIDATES, SPONSORS &amp; PARENTS</b>	<b>4:30 – 5:30 p.m. Youth Mass</b> (Confirmation candidates attend; families welcome. <b>Blessing of Confirmation Candidates</b> ) 5:30 – 7:30 p.m. Small Group Session #3 <b>with sponsors</b> (in person) – <b>*For Leaders, Candidates and Sponsors</b> <b>5:30 – 7:30 p.m. Parent Meeting in the church</b>
18-Sep	7:00 – 9:00 p.m.	Small Group Session #4
25-Sep	7:00 – 9:00 p.m.	Small Group Session #5
2-Oct	7:00 – 9:00 p.m.	Small Group Session #6
9-Oct	4:30 - 7:30 p.m.	<b>4:30 to 5:30 p.m. teens attend Youth Mass with their groups.</b> Small Group Session #7
16-Oct	7:00 – 9:00 p.m.	Small Group Session #8
23-Oct	7:00 – 9:00 p.m.	Small Group Session #9
28-Oct to 30-Oct	Approx. 7 pm Friday to 2 pm Sunday	Confirmation Retreat – <b>MANDATORY**</b>
6-Nov	7:00 – 9:00 p.m.	Small Group Session #10
13-Nov	N/A	<b>NO SESSION - SCHOOL RECESS</b>
20-Nov	N/A	<b>NO SESSION - THANKSGIVING BREAK</b>
27-Nov	7:00 – 9:00 p.m.	Small Group Session #11
4-Dec	7:00 – 9:00 p.m.	Small Group Session #12
11-Dec	4:30 - 7:30 p.m.	<b>4:30 to 5:30 p.m. teens attend Youth Mass with their groups.</b> Small Group Session #13 (5:30 – 7:30)
18-Dec, 25-Dec , 1-Jan	N/A	<b>NO SESSION - CHRISTMAS BREAK</b>
8-Jan	6:00 - 8:00 p.m.	Small Group Session #14 <b>VIA ZOOM (with sponsors)</b> <b>*For Leaders, Candidates and Sponsors</b>
15-Jan	N/A	<b>NO SESSION - MLK HOLIDAY</b>
22-Jan	7:00 – 9:00 p.m.	Reconciliation service for Confirmation candidates & leaders
29-Jan	7:00 – 9:00 p.m.	Small Group Session #15
5-Feb	7:00 – 9:00 p.m.	Small Group Session #16
12-Feb	4:30 - 7:30 p.m.	<b>4:30 to 5:30 p.m. teens attend Youth Mass with their groups.</b> Small Group Session #17 (5:30 – 7:30)
19-Feb	N/A	<b>NO SESSION – PRESIDENT'S DAY</b>
<b>TBD</b>	<b>LEADERS, CANDIDATES &amp; SPONSORS*</b>	Confirmation rehearsal and Confirmation ceremony

**\*MANDATORY FOR CANDIDATE AND SPONSOR** – If your sponsor is not able to attend session for both Candidate and Sponsor, a parent should attend in their place.

**\*\*ALL CONFIRMATION CANDIDATES** must attend the Confirmation retreat.



# Confirmation Registration Checklist 2022/2023

**YOU WILL BE OFFICIALLY REGISTERED FOR CONFIRMATION WHEN THE FOLLOWING HAVE BEEN COMPLETED AND SUBMITTED BY JUNE 30, 2022.**

- Completed **Faith Formation Registration Form**
- A copy of your **baptismal certificate** **OR**, if baptized at St. Joan, please note the year 20\_\_\_\_\_
- PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM**
- Complete sponsor and service information requested below.
- Signature page of Confirmation Enrollment Contract signed by both teen **AND** parent.
- Remind your sponsor to put September 11, 5:30 to 7:30 p.m. (*in person*), and January 8, 6:00 to 8:00 p.m. (*via Zoom*) on his/her calendar to attend Confirmation sessions.
- Pay program fee of \$225 (enclose check made payable to “St. Joan of Arc” OR pay on-line)  
*This fee includes enrollment in the Confirmation Program, enrollment in LIGHT, and sacrament fee.*

## SPONSOR INFORMATION

**CANDIDATE:** Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

**SPONSOR:** Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

## SERVICE

Although service requirement has been waived for 2021-22 Confirmation candidates, we would still love to know where you have served. Please list any service performed during your high school years.

Organization	Number of Hours
1.	
2.	
3.	
4.	
5.	
6.	

**St. Joan of Arc Church**  
**2022 - 2023 Faith Formation Registration Form**

2601 San Ramon Valley Blvd, San Ramon, CA 94583 (925) 830-4710

Website: www.sjasr.org Email: cff@sjasr.org

**Family Information**

*(ONE FORM PER FAMILY)*

Last Name: \_\_\_\_\_ Other family names used: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Family Email: \_\_\_\_\_ Church family attends: \_\_\_\_\_

**Parents' Information**

**Marital Status:** **(circle)** Single / Married / Divorced / Separated / Widowed / Other: \_\_\_\_\_

First Name	Last Name	First Name	Last Name
Parent 1:		Parent 2:	
Religion:                      Occupation:		Religion:                      Occupation:	
Work #:                      Cell #:		Work #:                      Cell #:	
Email:		Email:	
Address (if different from above)		Address (if different from above)	

*Complete this section if child(ren) does not reside with parents.*

Stepfather/Guardian:		Stepmother/Guardian:	
Religion:                      Occupation:		Religion:                      Occupation:	
Work #:                      Cell #:		Work #:                      Cell #:	

**Emergency Contact Information**

1 <sup>st</sup> Person (Other than parents/guardians)		2 <sup>nd</sup> Person (Other than parents/guardians)	
Name:		Name:	
Relationship:		Relationship:	
Home #:                      Cell/Other #:		Home #:                      Cell/Other #:	
Email:		Email:	

**Emergency Information**

Do you authorize the adult leader to authorize medical treatment for your child(ren) in an emergency, as considered necessary by the attending physician? **(circle)** Yes No If no, state any reasons why you do not want medical care given to your child(ren) in an emergency: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Family Physician Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
 Medical Insurance Name: \_\_\_\_\_  
 Member ID #: \_\_\_\_\_ Group #: \_\_\_\_\_ Plan #: \_\_\_\_\_

**Amount Paid:**

**Regular Fee: \$150** (per child) OR x \_\_\_\_ = \$ \_\_\_\_\_  
**Early Bird Fee: \$125** (per child) x \_\_\_\_ = \$ \_\_\_\_\_ (by Aug 15)  
**Sacraments Fee: \$100** (per child) x \_\_\_\_ = \$ \_\_\_\_\_  
**Discount: \$75\*** - \$75 = \$ \_\_\_\_\_  
**Total = \$ \_\_\_\_\_**

**\*Parent/guardian agrees to volunteer as a weekly facilitator/leader for the year for EDGE/LIGHT/CONFIRMATION ONLY.**

Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ / \$ \_\_\_\_\_

**TOTAL REGISTRATIONS FEE DUE:**

Please make checks payable to St. Joan of Arc or pay via credit card on the website (www.sjasr.org), click on Online Giving under the Quick Links list located on the bottom right of the page) or come to the office in person.

Financial aid and payment plans are available to families. Please contact Gina Camp at 925-830-4720 or email gcamp@sjasr.org

## Parental Permission & Acknowledgement of Conditions for Participation in Program

List child(ren) registered in 2022-2023 St. Joan of Arc Faith Formation Program:

(First & Last Name and Grade Level)

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1. I/we, parent/authorized guardian of the child(ren) listed above give permission for his/her participation in the religious and social activities, and all related activities, including but not limited to transportation to and from programs(s)/event(s) sponsored by the Diocese of Oakland and St. Joan of Arc Catholic Church, San Ramon, CA.
2. I/we agree to direct my/our child(ren) to cooperate and comply with reasonable directions and instructions from St. Joan of Arc Faith Formation Program staff or adult volunteer leaders.
3. I/we agree to be responsible for all medical expenses relating to injury of my/our child(ren) as a result of his/her participation in these event(s), whether or not caused by the negligence of parish, St. Joan of Arc Faith Formation Program employees, agents or volunteers or other participants.
4. I/we understand that youth participating in St. Joan of Arc Faith Formation Program events risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or accidentally or intentionally self inflicted, faulty equipment or facilities, conditions of recreational facilities, vehicle accidents while in transport or through the activity itself.

### Release & Waiver of Liability & Indemnity Agreement

In consideration for being permitted to participate in St. Joan of Arc Faith Formation Programs events, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child(ren) agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releasees while the minor child(ren), parent or guardian is participating in this event or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child(ren), parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any St. Joan of Arc Faith Formation Program events whether caused by the negligence of Releasees or otherwise.
3. That the parent/guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

### Model Release Statement

I hereby (circle one) GRANT / DECLINE permission for my child(ren) named on this form to be photographed and/or videotaped during any St. Joan of Arc Faith Formation Program activities and events; and for the resulting photographs and/or videotaped footage to be edited, if necessary, and be published and/or broadcast (newspaper, church bulletin, church website, etc) for the purpose of promoting the activities of St. Joan of Arc Catholic Church, San Ramon, CA.

I have read and agree with all conditions stated in this participation/liability form.

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Signature of Parent/Guardian

Date

### 1<sup>st</sup> Student's Information

**Program Choices:**

Check all that apply

**SIAKids (K-5<sup>th</sup> Gr)**

- \_\_\_ Sun 8:45-9:55am
- \_\_\_ Sun 10:45-11:55am
- \_\_\_ Thurs 6:00-7:15pm

**Sacramental**

**Preparation**

(First Reconciliation & First Communion)

**EDGE (6<sup>th</sup> - 8<sup>th</sup> Gr)**

- \_\_\_ Wed 6:50-8:30pm

**LIGHT (9<sup>th</sup> - 12<sup>th</sup> Gr)**

- \_\_\_ Mon 6:50-8:30pm

**Confirmation\*+**

**(11<sup>th</sup> - 12<sup>th</sup> Gr)**

- \_\_\_ Sundays, see calendar
- \_\_\_ Thursdays, 7-9pm

\*Registration due

June 30, 2022

+ pre-requisites must be met

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last: \_\_\_\_\_

Gender

Email: \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Male / Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: (City) \_\_\_\_\_ (State) \_\_\_\_\_

Tshirt Size: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

List all conditions (such as allergies, seizures) for which this student requires ongoing medication and state the type and frequency of medication given: \_\_\_\_\_

Student had difficulty with the following (*check all that apply*):

- \_\_\_ Asthma \_\_\_ Fainting Spells \_\_\_ Convulsions \_\_\_ Diabetes \_\_\_ Heart \_\_\_ Eyes \_\_\_ Digestion
- \_\_\_ Menstrual Problems \_\_\_ Other: \_\_\_\_\_

List any physical restriction or restriction for any activity on the basis of medical condition: \_\_\_\_\_

Date of last physical examination: \_\_\_\_\_

Any additional information that would be helpful to know about your child: \_\_\_\_\_

Friend Request: \_\_\_\_\_

**Sacraments:** (If baptismal certificate is not on file, please submit to the Faith Formation & Evangelization Office.)

**Baptized:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**1<sup>st</sup> Reconciliation:**  No  Yes

**1<sup>st</sup> Communion:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

**Confirmation:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

### 2<sup>nd</sup> Student's Information

**Program Choices:**

Check all that apply

**SIAKids (K-5<sup>th</sup> Gr)**

- \_\_\_ Sun 8:45-9:55am
- \_\_\_ Sun 10:45-11:55am
- \_\_\_ Thurs 6:00-7:15pm

**Sacramental**

**Preparation**

(First Reconciliation & First Communion)

**EDGE (6<sup>th</sup> - 8<sup>th</sup> Gr)**

- \_\_\_ Wed 6:50-8:30pm

**LIGHT (9<sup>th</sup> - 12<sup>th</sup> Gr)**

- \_\_\_ Mon 6:50-8:30pm

**Confirmation\*+**

**(11<sup>th</sup> - 12<sup>th</sup> Gr)**

- \_\_\_ Sundays, see calendar
- \_\_\_ Thursdays, 7-9pm

\*Registration due

June 30, 2022

+ pre-requisites must be met

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last: \_\_\_\_\_

Gender

Email: \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Male / Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: (City) \_\_\_\_\_ (State) \_\_\_\_\_

Tshirt Size: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

List all conditions (such as allergies, seizures) for which this student requires ongoing medication and state the type and frequency of medication given: \_\_\_\_\_

Student had difficulty with the following (*check all that apply*):

- \_\_\_ Asthma \_\_\_ Fainting Spells \_\_\_ Convulsions \_\_\_ Diabetes \_\_\_ Heart \_\_\_ Eyes \_\_\_ Digestion
- \_\_\_ Menstrual Problems \_\_\_ Other: \_\_\_\_\_

List any physical restriction or restriction for any activity on the basis of medical condition: \_\_\_\_\_

Date of last physical examination: \_\_\_\_\_

Any additional information that would be helpful to know about your child: \_\_\_\_\_

Friend Request: \_\_\_\_\_

**Sacraments:** (If baptismal certificate is not on file, please submit to the Faith Formation & Evangelization Office.)

**Baptized:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**1<sup>st</sup> Reconciliation:**  No  Yes

**1<sup>st</sup> Communion:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

**Confirmation:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

### 3<sup>rd</sup> Student's Information

**Program Choices:**

Check all that apply

**SIAKids (K-5<sup>th</sup> Gr)**

- Sun 8:45-9:55am
- Sun 10:45-11:55am
- Thurs 6:00-7:15pm

**Sacramental**

**Preparation**

(First Reconciliation & First Communion)

**EDGE (6<sup>th</sup> - 8<sup>th</sup> Gr)**

- Wed 6:50-8:30pm

**LIGHT (9<sup>th</sup> - 12<sup>th</sup> Gr)**

- Mon 6:50-8:30pm

**Confirmation\*+  
(11<sup>th</sup> - 12<sup>th</sup> Gr)**

- Sundays, see calendar
- Thursdays, 7-9pm

\*Registration due  
June 30, 2022

+ pre-requisites must be met

**First Name:** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last:** \_\_\_\_\_

Gender

**Email:** \_\_\_\_\_ **Cell #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Male / Female

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Birthplace:** (City) \_\_\_\_\_ (State) \_\_\_\_\_

**Tshirt Size:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

List all conditions (such as allergies, seizures) for which this student requires ongoing medication and state the type and frequency of medication given: \_\_\_\_\_

Student had difficulty with the following (*check all that apply*):

- Asthma  Fainting Spells  Convulsions  Diabetes  Heart  Eyes  Digestion
- Menstrual Problems  Other: \_\_\_\_\_

List any physical restriction or restriction for any activity on the basis of medical condition:

Date of last physical examination: \_\_\_\_\_

Any additional information that would be helpful to know about your child: \_\_\_\_\_

Friend Request: \_\_\_\_\_

**Sacraments:** (If baptismal certificate is not on file, please submit to the Faith Formation & Evangelization Office.)

**Baptized:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**1<sup>st</sup> Reconciliation:**  No  Yes

**1<sup>st</sup> Communion:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

**Confirmation:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

### 4<sup>th</sup> Student's Information

**Program Choices:**

Check all that apply

**SIAKids (K-5<sup>th</sup> Gr)**

- Sun 8:45-9:55am
- Sun 10:45-11:55am
- Thurs 6:00-7:15pm

**Sacramental**

**Preparation**

(First Reconciliation & First Communion)

**EDGE (6<sup>th</sup> - 8<sup>th</sup> Gr)**

- Wed 6:50-8:30pm

**LIGHT (9<sup>th</sup> - 12<sup>th</sup> Gr)**

- Mon 6:50-8:30pm

**Confirmation\*+  
(11<sup>th</sup> - 12<sup>th</sup> Gr)**

- Sundays, see calendar
- Thursdays, 7-9pm

\*Registration due  
June 30, 2022

+ pre-requisites must be met

**First Name:** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last:** \_\_\_\_\_

Gender

**Email:** \_\_\_\_\_ **Cell #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Male / Female

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Birthplace:** (City) \_\_\_\_\_ (State) \_\_\_\_\_

**Tshirt Size:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

List all conditions (such as allergies, seizures) for which this student requires ongoing medication and state the type and frequency of medication given: \_\_\_\_\_

Student had difficulty with the following (*check all that apply*):

- Asthma  Fainting Spells  Convulsions  Diabetes  Heart  Eyes  Digestion
- Menstrual Problems  Other: \_\_\_\_\_

List any physical restriction or restriction for any activity on the basis of medical condition:

Date of last physical examination: \_\_\_\_\_

Any additional information that would be helpful to know about your child: \_\_\_\_\_

Friend Request: \_\_\_\_\_

**Sacraments:** (If baptismal certificate is not on file, please submit to the Faith Formation & Evangelization Office.)

**Baptized:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**1<sup>st</sup> Reconciliation:**  No  Yes

**1<sup>st</sup> Communion:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

**Confirmation:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_



# Confirmation Enrollment Contract

## St. Joan of Arc Parish

### 2022/2023

I request enrollment in the 2022-2023 Confirmation Program at St. Joan of Arc.

Unless I have made arrangements otherwise, I understand that if I have not yet fulfilled the requirements I am lacking by July 31, 2022, I will wait another year before entering into the Confirmation Program.

As a Candidate for Confirmation:

- ▶ I whole-heartedly commit to attending **ALL** of the following:
  - A Get-to-Know-You Conversation with the Confirmation Coordinator, Gina Camp in August.
  - All the Confirmation sessions - knowing that I may miss ***no more than two*** and I will be responsible for making them up with my leader or the Confirmation Coordinator.
  - The Blessing of the Confirmation Candidates on September 11, at the Youth Mass (4:30 – 5:30 p.m.) (immediately before the Confirmation session).
  - **Mandatory Confirmation Retreat Oct. 28 to Oct. 30, 2022**
  - I will inform my sponsor by August 31 to put the following dates/times for the candidate/sponsor sessions on his/her calendar and I will attend the session with him/her.
    - September 11, 2022, 5:30 to 7:30 p.m., ***in person***
    - Jan. 8, 2023, 6:00 to 8:00 p.m., ***via Zoom***
  - The Confirmation Rehearsal – TBD
  - Confirmation ceremony – TBD
  
- ▶ I accept the responsibility for getting myself to Mass **each** Sunday, beginning now (if you have gotten out of the habit), throughout my preparation period and each Sunday thereafter.
  
- ▶ I will return the required forms and fee by June 30, 2022.

***THIS PAGE IS FOR YOUR RECORDS.***  
***PLEASE SIGN AND RETURN THE FOLLOWING PAGE.***

# Confirmation Enrollment Contract

## *Signature Page*

***PLEASE SIGN AND RETURN THIS PAGE***

### CANDIDATE'S AGREEMENT

I understand that Confirmation is **my** choice, not my parents'. If at any time during the preparation period I have doubts about my decision, I will seek the counsel of the Youth Ministry Office or my Confirmation small group leader(s) to discuss my options.

**I have read and fully commit to fulfilling all requirements listed in the Confirmation Enrollment Contract.**

Student Signature: \_\_\_\_\_

Name printed: \_\_\_\_\_

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

### PARENT'S AGREEMENT

I understand that my teen has chosen to participate in St. Joan of Arc's Confirmation program for the 2022-23 formation year. I have read this contract and agree to support my teen by bringing him/her to Mass every Sunday, praying for him/her, and by coordinating our family calendar so that my teen is available to attend **all** of the required gatherings, retreats, etc.

**I have read and agree to all requirements in the Confirmation Enrollment Contract.**

Parent Signature: \_\_\_\_\_

Name printed: \_\_\_\_\_

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

***PLEASE SIGN AND RETURN THIS PAGE***





# Choosing a Sponsor

2022/2023

Each candidate, with the help of his/her parents, is responsible for choosing a sponsor. At Baptism, parents chose two sponsors (godparents) for their child – people who made a commitment to be an example of the faith and help raise him/her in the Catholic way of life. For Confirmation, the candidate again invites someone to serve as a sponsor to help him/her live out his/her Baptismal promises.

## **In choosing a sponsor, candidates should choose someone who:**

- ▶ Is willing to help guide them to understand and appreciate the Sacrament of Confirmation and to help them discern their intentions for receiving it.
- ▶ Is willing to mentor the candidate throughout the preparation process by encouraging him/her to pray and participate in the sacraments, especially the Eucharist, and by encouraging him/her to become actively involved in the life of their parish community.
- ▶ Is willing to engage in the candidate's spiritual journey through periodic meetings for the purpose of faith-sharing.
- ▶ Is willing to be engaged with the candidate on his/her faith journey, throughout the Confirmation process **and** after the candidate is confirmed.

Sponsors are to be chosen because of their ability to “apprentice” others into the Catholic way of life. This mentoring involves prayer, celebration of the sacraments, living the Gospel, turning to other Catholics for support and guidance, and studying the faith. The role of the sponsor for Confirmation involves much more than simply standing behind a Confirmation candidate as the bishop confirms. ***In fact, whether or not a sponsor is available to attend the ceremony is much less important than his/her willingness to journey with the candidate and view the role as sponsor as the beginning, or the continuation, of a lasting relationship of mentoring and apprenticeship.***

The Church suggests that, to express more clearly the relationship between Confirmation and Baptism, the baptismal sponsor (godparent) also be the Confirmation sponsor. (However, the candidate may choose an individual other than the baptismal sponsor.) There is no regulation determining that men must be sponsors for boys and women must be sponsors for girls.

## **Canon Law states that a sponsor must:**

- ▶ Be a **BAPTIZED** and **CONFIRMED** Catholic over the age of 16;
- ▶ Be living according to, and an active member of, the Catholic faith;
- ▶ Be an individual **other than the candidate's parent.**



# The Role of a Sponsor

2022/2023

During the time of preparation, sponsors are expected to take an active role in the life of the candidate. This demands time, commitment and willingness to share their faith with the candidate, but also presents a unique and valuable opportunity to deepen both their relationship with a young person and their own faith life.

## The sponsor is asked to:

- ▶ Engage in faith-sharing conversation with the candidate regularly throughout the preparation process.
- ▶ Attend Mass with the candidate whenever possible. Encourage him/her to become actively involved in the life of the parish (e.g. participate in various ministries).
- ▶ Remain engaged in the faith life of the newly confirmed, continuing to share prayer, insights, and support as the young person continues his or her journey of faith beyond Confirmation.
- ▶ Throughout this time of preparation, sponsors should seek to support candidates and their families. They should help the candidates become aware of their reasons for wanting to celebrate the Sacrament of Confirmation.
- ▶ **Attend the small group Confirmation session on Sunday, Sept. 11, 2022, 6:00 to 8:00 p.m., *in person***, with your candidate. *(It is strongly preferred that sponsor attend. However, if a sponsor is not able to attend, a parent should attend in their place. If sponsor is only able to participate virtually, we will do our best to accommodate that.)*
- ▶ **Attend the small group Confirmation session on Sunday, Jan. 8, 2023, 6:00 to 8:00 p.m., *via Zoom***, with your candidate. *(It is strongly preferred that sponsor attend. However, if a sponsor is not able to attend, a parent should attend in their place. If sponsor is only able to participate virtually, we will do our best to accommodate that.)*
- ▶ Be present for the celebration of the sacrament of Confirmation.  
*(if a sponsor is not able to attend, a parent should attend in their place)*
  - Date TBD at 7 p.m.** - Rehearsal in the church
  - Date and time TBD** - Ceremony in the church