

ST. CHARLES BORROMEIO CATHOLIC CHURCH
P. O. Box 428
Destrehan, LA 70047
(985)764-6383
jrodrigue@scbhumilitas.org

July 17, 2017

Dear Parents,

Congratulations! Your child has completed Level II of the **St. Charles Borromeo Confirmation Preparation Program**. Your child has had a wonderful opportunity of living out his/her Catholic faith in the past two years of preparation.

It is now time for your child to begin Level III of the St. Charles Borromeo Confirmation Preparation Program. A meeting is scheduled for Tuesday, August 23, 2017 at 6:00 pm in the SCB Borromeo Room for all candidates, parents and sponsors at which time an overview of this year's program will be presented. Our Confirmation date has been scheduled for Wednesday, October 18, 2017 at 7:00 pm.

Our program is offered to teens who are St. Charles Borromeo Church Parishioners. If you are a registered parishioner but live outside of our church parish boundaries you must be considered an active member in order for your child to participate in our program. Otherwise you must have your child confirmed in your own territorial parish. The definition of **active** is a family who participates in church functions and contributes at least \$250.00 yearly to the church. The registration fee for Level III is \$100.00 if paid by Monday, August 7, 2017. Late registration fee (paid after Sunday, August 7, 2017) is \$125.00. The Level III registration fee covers Confirmation, robes and retreat.

The 2017 requirements for Level III are few but very close together because of the early date to be confirmed. The only requirements for the candidates are:

Parent/Candidate/Sponsor Meeting	Tuesday, August 23, 2017
Retreat	Saturday & Sunday, September 16 & 17, 2017
Confirmation Practice	Monday, October 16, 2017
Sacrament of Confirmation	Wednesday, October 18, 2017

Enclosed you will find the 2017-2018 Registration Form, Parent / Legal Guardian Consent Form and Liability Form, a Medical Information and Consent Form and a Public Information / Communication Release Form, and information on the Level III Retreat which includes the Liability Consent Form and Permission Letter. Please complete and return along with the registration fee by Monday, August 7, 2017. Please note that the retreat is the only Level III Catechetical requirement to be confirmed and there is no make-up. If a candidate misses the retreat, they will have to attend next year's retreat and be confirmed with next year's class.

Thank you for your continued support as we journey together in faith.

Sincerely in Christ,

Janeen C. Rodrigue
Director of Youth Ministry
St. Charles Borromeo Parish

Enclosures: Registration Form
 Consent & Liability Form
 Medical Form
 Retreat Information
 Communication Release Form

**ST. CHARLES BORROMEIO CATHOLIC CHURCH
CONFIRMATION PREPARATION PROGRAM
LEVEL III**

Candidate's Name: _____

Please complete and return ALL of the following in this envelope by Monday, August 7, 2017:

- _____ **Registration Form**
- _____ **Registration Fee**
- _____ **Consent Form**
- _____ **Medical Form**
- _____ **Retreat Liability Consent Form**
- _____ **Communication Release Form**
- _____ **Copy of Medical Insurance Card**
- _____ **Copy of Immunization Record**

NOTE: Please pay special attention to properly completing all the forms especially the Medical Information Form. The student's last tetanus/diphtheria immunization **MUST** be on form.

The Catholic Church of St. Charles Borromeo

Confirmation Registration 2017 - 2018 Level III

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

Confirmation Name _____ Age at time of Confirmation _____

Birth Date: _____ Place of Birth: _____
(Month/Day/Year) (City/State)

Candidate's Address: _____
(Number & Street) (City) (Zip Code)

Candidate's E-Mail Address: _____

Parents' E-Mail Address: _____

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

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

Sponsor's Name: _____
(Last) (First) (Maiden/Middle)

Telephone Numbers:

Candidates Home: _____ Candidates Cell: _____

Mom's Cell: _____ Dad's Cell: _____

Mom's Work: _____ Dad's Work: _____

School Attending: _____ Grade: _____

**CHARLES BORROMEO CATHOLIC CHURCH
CONFIRMATION PREPARATION PROGRAM
LEVEL III**

**Parent/Legal Guardian
Consent Form and Liability Form
2017 - 2018**

Participant Name _____

Home Address _____

E-mail Address _____

Birth Date _____ Sex _____

Phone _____ Social Security _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Parent/Guardian E-mail Address _____

I, _____, grant permission for my child, _____ to participate in the **St. Charles Borromeo Catholic Church Level III Confirmation Preparation Program**. This program will take place under the guidance and direction of parish employees and/or volunteers from **St. Charles Borromeo Church Parish**.

As parent and/or guardian, I remain legally responsible for any actions taken by the above named minor ("participant"). I agree on behalf of myself, my child, named herein, our heirs, successors, and assigns, to hold harmless and defend. St. Charles Borromeo Church Parish, its officers, directors, and agents, and the Archdiocese of New Orleans, chaperones, or representatives associated with the program, arising from or in connection with my child's participation in this program or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish/location, its officers, directors and agents, and the Archdiocese of New Orleans, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature of Parent/Legal Guardian

Date

ST. CHARLES BORROMEO CATHOLIC CHURCH MEDICAL INFORMATION AND CONSENT FORM

GENERAL INSTRUCTIONS TO PARENTS/GUARDIANS:

1. Please take care in filling out this form. It provides crucial information for caregivers in the event of illness or medical emergency. Accuracy and thoroughness are encouraged.
 2. Sections I, II and V are mandatory. Sections III and IV provide you with treatment options in non-emergency situations.
-

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name _____

Home address: _____
(Street) (City/State) (Zip)

Home phone: _____ Cellular phone: _____

Business phone: _____ Other: _____

SECTION I. MEDICAL MATTERS

As the parent/legal guardian of the above named child, who is currently associated with St. Charles Borromeo Parish. I hereby authorize Janeen Rodrigue or his/her assistants to carry out the wishes I have named (herein) in areas of emergency medical treatment and other cases of illness. This authorization inclusively extends from August 2017 – August 2018. I hereby warrant that, to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature: _____ Today's Date: _____

SECTION II. EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I 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 at the numbers listed herein, contact:

Name & relationship: _____

Phone: _____ Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

SECTION III: OTHER MEDICAL TREATMENT

In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of New Orleans, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature _____ Date: _____

SECTION IV: MEDICATIONS

(SIGN ONLY THOSE OPTIONS THAT ARE APPLICABLE)

- 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: _____

- I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

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: _____

SECTION V: MEDICAL INFORMATION

The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: **Date** of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

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

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? _____ If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____



St. Charles Borromeo Catholic Church Public Information / Communication Release

I agree, for the 2017 - 2018 school year, the name, voice and/or likeness of

_____ (student), may be used in news publications, audiovisuals, and other electronic transmissions issued by employees or designees of St. Charles Borromeo Parish or by members of the media with permission of officials from schools or offices within the Archdiocese of New Orleans. These information items may include, but are not limited to, press releases, internal and external news articles, SCB web-site, SCB Photo Directory, photographs, videotapes, live broadcasts, sound recordings and/or electronic transmissions related to school activities.

I also waive compensation or reimbursement of any kind related to use of the above material for the minor child or myself.

Yes. I do agree to the terms as stated above.

No. I do not agree to the terms stated above.

Signature of Legal Guardian

Today's Date

Signature of Legal Guardian

Today's Date