



August 15, 2023

Dear Families of Nativity of Our Lady,

As we prepare to resume our Confirmation Program for the fall season, it appears critical to define our intention and expectation for all our enrolled families. In the past, many families considered the Confirmation class to be taking the place of mass attendance. All of our religious formation programs for young people are predicated upon the assumption that these young people are attending Sunday mass on a regular basis. Instruction in preparation for the Sacrament of Confirmation is preparing our teens to be Confirmed in the Spirit of the Roman Catholic tradition.

It is not possible to be a practicing Catholic and not attend the mass on a regular basis. If your teens are not attending Eucharist regularly then the entire classroom experience is frustrated. It has sadly been our experience that in celebrating Confirmation with the Bishop that many of our teens have been completely bewildered by the unfamiliar ritual and atmosphere.

We feel strongly about the quality of our program and want your child to have the best and most rewarding formation in the faith. Consequently, after the Sunday Confirmation session has concluded the students will then adjourn as a group to attend the 11:00 mass.

This year we are introducing a “Youth Ministry Component” to our curriculum. On each of these dates...

- Saturday, October 14, 2023
- Saturday, February 3, 2024
- Saturday, April 13, 2024

...our Confirmation students will be joining with the Old Mission Confirmation class for three specialized events coordinated by Juan Arambul of the ANEW Project. One night will be featuring a theme of service, another evening on prayer and spirituality and finally a social evening of fun. These events are intended to continue the process of awakening the young person to the presence of God and Spirit in their everyday lives. Participation is mandatory for all students. If this is not possible or undesirable for any reason, I would strongly suggest you consider a program in another parish.

With respect, I am sincerely yours~

Father Matt Pennington, Pastor

Confirmation for High School Teens

Nativity of Our Lady Catholic Community

221 Daly Ave.

San Luis Obispo CA 93405

Phone: 805-544-2357

www.NativitySLO.org

Email us at: Confirmation@NativitySLO.org



Sacrament of Confirmation for Teens

What is Confirmation?

The *Catechism* describes Confirmation as a deepening of baptismal gifts. It says that the sacrament roots us more deeply in our identity as God's children, unites us more firmly with Christ, increases in us the gifts of the Holy Spirit, binds us more closely to the Church, and gives us special strength to bear witness to our faith (see #1303).*

Confirmation is still, with Baptism and Eucharist, a sacrament of initiation. The Catechism of the Catholic Church insists that the unity of the three sacraments "must be safeguarded" (1285), even though children do not receive them at the same time.

When does Confirmation happen for Teenagers?

Confirmation is a two-year process, normally taking place during the teenager's freshman and sophomore year of high school. If the teen is ready and properly prepared, he/she will be confirmed by the Bishop in the springtime of the second year.

What do I do to get started?

Call the church office at 805-544-2357 and ask to talk to someone about joining the Confirmation program, or email: Confirmation@NativitySLO.org. We'll take it from there!

Confirmation brings an increase and deepening of baptismal grace:

- it roots us more deeply in the divine filiation which makes us cry, "Abba! Father!"
- it unites us more firmly to Christ;
- it increases the gifts of the Holy Spirit in us;
- it renders our bond with the Church more perfect;
- it gives us a special strength of the Holy Spirit to spread and defend the faith by word and action as true witnesses of Christ, to confess the name of Christ boldly, and never to be ashamed of the Cross.

Catechism of the Catholic Church #1303

* Catholic Update C1095: Confirmation. © Franciscan Media

CONFIRMATION PROGRAM

2023-2024

The Confirmation Program is for any High School student seeking to complete their initiation into the Catholic Church through the Sacrament of Confirmation. Teens in the program will collaborate in faith sharing, get involved with community service, and attend retreats and social events.

Requirements:

- * Must be currently in High School
- * Commit to the 2 year program
- * 4 hours of community service per year
- * Must attend 8 of 9 classes, including Mass, and 3 Youth Ministry Nights
- * Participate in annual Retreat
- * Complete FULL registration process by **September 22nd**

Questions? Email Katie Rose Walters at Confirmation@nativityslo.org

To register, turn in the following by 9/22/23:

Enrollment Fee

Year 1 \$50 Year 2 \$90

If you have more than 1 child in any of our programs check for a discounted rate

Incoming students-

- ◇ Parish Registration
- ◇ Diocesan Wavier
- ◇ Confirmation Information Sheet
- ◇ Baptismal Certificate (request a new copy from church of Baptism, can be faxed, mailed, or dropped off)
- ◇ Payment

Returning students-

- ◇ Diocesan Wavier
 - ◇ Payment
- Please check these are updated and on file:
- ◇ Baptismal Certificate
 - ◇ Parish Registration

CONFIRMATION PROGRAM

2023-2024

IMPORTANT DATES

(UPDATED 8/23/23)

Friday, Sept 22	<u>Registration Due</u>
Sunday, Sept 24	Confirmation Class, 9:30am-12pm
Saturday, Oct 7	<u>Year 1</u> Retreat, 1-5pm
Saturday, Oct 14	Youth Ministry Night, Time TBD
Sunday, Oct 15	Confirmation Class, 9:30am-12pm
Sunday, Nov 12	Confirmation Class, 9:30am-12pm
Sunday, Dec 10	Confirmation Class, 9:30am-12pm
Sunday, Jan 21	Confirmation Class, 9:30am-12pm
Saturday, Feb 3	Youth Ministry Night, Time TBD
Sunday, Feb 11	Confirmation Class, 9:30am-12pm
Saturday, March 2	<u>Year 2</u> Retreat, 1-5pm
Sunday, March 10	Confirmation Class, 9:30am-12pm
Saturday, April 13	Youth Ministry Night, Time TBD
Sunday, April 14	Confirmation Class, 9:30am-12pm
Sunday, May 5	Confirmation Class, 9:30am-12pm
Sunday, May 19	Confirmation with the Bishop, 3pm

Reminder: You must attend 8 out of 9 class, all 3 Youth Ministry Nights and your Retreat

Nativity of Our Lady Catholic Community
221 Daly Avenue ~ San Luis Obispo, CA 93405
Phone 805.544.2357 ~ Fax 805.544.6756 ~ www.nativityslo.org

Confirmation Information *(Please print clearly)*

Student's First and Middle names: _____

Student's Last name: _____

Date of Birth: _____ Date of Baptism: _____

Baptism Church: _____

City: _____ State: _____ Zip Code: _____

Student's Current High School: _____ Year: _____

Please attach current Baptismal Certificate if **not baptized at Nativity of Our Lady**:

Baptized at Nativity Baptism Church contacted Baptismal Certificate attached

Father's last name: _____ First: _____ Middle: _____

Mother's current last name: _____ First: _____ Middle: _____

Maiden last name: _____

Student's current mailing address: _____

City: _____ State: _____ Zip Code: _____

For Office Use Only:

Confirmation date: _____ Age on the Date: _____

Confirmation Name: _____

Confirmation Sponsor: _____

Confirmation presider: _____

Confirmation church: _____

High school? ___ Yes ___ No

RCIA? ___ Yes ___ No

Newman? ___ Yes ___ No

Volume: _____ Page: _____ Number: _____

NATIVITY OF OUR LADY

CATHOLIC COMMUNITY

2023-2024 Registration for ages 3.5-18

Catechesis of the Good Shepherd Level 1: Ages 3.5-6 /pre -K **Tuesdays 3:45pm-5:15pm**

Child Name(s) _____, _____, _____

Catechesis of the Good Shepherd Level 2: Ages 6-9/1st - 4th Grade **Tuesdays 3:45pm-5:15pm**

Child Name(s) _____, _____, _____

Catechesis of the Good Shepherd Level 3: Ages 9-12 Grades 4-6th **Some Sundays 9-10:45am**

Child Name(s) _____, _____, _____

Edge Junior High Ministry: Ages 11-14/6th-8th Grade **Wednesdays 7:00pm-8:30pm**

Child(s) Name(s) _____, _____, _____

High School Confirmation **Select Sundays** **Ages 14-19/ 9th-12th Grade**

Child(s) Name(s) _____, _____, _____

Sacraments - 1st Year (No Materials Fee)

1st Reconciliation & 1st Communion (≥1st Grade)

Names _____

Sacraments - 2 (\$40 Materials Fee)

1st Reconciliation + 1st Communion (≥ 2nd Grade)

Confirmation (Sophomore+)

Names _____

Please see the reverse side of this form for additional information and review program-specific schedules for exact meeting times and dates prior to enrolling. Thank you.

This Line for Office Use Only

Date/Time Received _____

Check Number _____

REQUIRED DOCUMENTS & SUBMISSIONS TO BE REGISTERED IN PROGRAM

- + This Form
- + Nativity of Our Lady Parish Registration (updated yearly)
- + Diocese of Monterey Permission Waiver and Release
- + Copy of Baptismal Certificate if not already provided (**for Sacramental prep**)
- + Payment

STIPENDS

1 Child: **\$50.00**

2 Children: **\$75.00**

3 or More Children: **\$100.00**

2nd year of First Reconciliation & First Eucharist or Confirmation we ask for an additional **\$40.00** per child to cover extra materials and staffing expenses.

Please make check payable to **Nativity of Our Lady**.

Please contact the appropriate program leader with any questions.

IMPORTANT NOTES

It is our policy to follow the diocesan requirement of a 2 year sacramental preparation period during the ages/grade levels listed.

Those enrolling in religious education with the intention of receiving sacraments are expected to participate in regular session meetings and to attend all additional sacramental preparation meetings and ceremonies. Please consider the calendar carefully prior to registration.

\$100 max per family for religious education applies regardless of which age group or program your children are attending.

Sacramental preparation materials fee is per child in addition to stipends for regular courses.

Financial Assistance is Available, please contact Deacon Tom or program leader to discuss.

CONTACTS

Catechesis of the Good Shepherd
First Reconciliation Communion
Stephanie Purvis
Catechesis@NativitySLO.org

Edge Jr High Ministry
Karen O'Brien
Edge@NativitySLO.org

High School Youth Ministry
Confirmation
Katie Rose Segletes
Katie.Walters@NativitySLO.org

**THANK YOU FOR PARTICIPATING IN OUR YOUTH PROGRAMS AT NATIVITY OF OUR LADY.
WE ARE DEEPLY HONORED TO BE A PART OF YOUR FAMILY'S FAITH JOURNEY.**

Today's Date: _____

Env No. : _____

Nativity of Our Lady Catholic Community
 221 Daly Ave, San Luis Obispo CA 93405 Tel: 805-544-2357 / www.NativitySLO.org
Parish Registration / Update Form v. 8-16-2023

**NOTE: IF YOU ARE REGISTERING FOR ANY RELIGIOUS EDUCATION PROGRAM FOR AGES 3.5 – 18,
 PLEASE ALSO COMPLETE A RELIGIOUS EDUCATION FORM.**

Family Information (this information is common to all members of your household)

New Parish Registration Update Registration

Family Email: _____

FAMILY Name: _____

Emergency Mobile Phone: _____

Address: _____

Home Phone: _____

Address 2: _____

City: _____ ST: _____ Zip: _____

Please send us Contribution Envelopes OR Please send us info on donating automatically through checking or credit card
Please contact us about becoming involved in any of the following ministries: After Mass Food/Hospitality Prayer Shawl
 Taking Communion to the Sick Prison / Restorative Justice Outreach Pregnancy Center Homeless/Prado Outreach
 Lector Eucharistic Minister Usher Music/Tech Liturgical Environment Altar Linens Altar Server
 Children's Liturgy of the Word Seniors Outreach Bereavement Ministry Religious Education

Individual #1 Information (Complete information for each Active Registering Member of your household, including minor children - see back or make copies for additional space).

Circle one: Head of HH / Husband / Wife / Son / Daughter /

Maiden Name: _____

Guardian / Other: _____

Birth Place: _____

First Name: _____

Work Phone: _____

Last Name: _____

Mobile Phone: _____

Nick Name: _____

Personal Email: _____

Gender: M / F Date of Birth: _____

Current School Level: _____

Primary Language: _____

NOTES:

Any special needs? _____

Employer: _____

Individual's Sacramental Information

Religion: _____

Marital Status: _____

Date Baptized: _____

Church: _____

Date First Eucharist: _____

Church: _____

Date Confirmation: _____

Church: _____

Individual #2 Information (Complete information for each Active Registering Member of your household, including minor children.)

Circle one: Head of HH / Husband / Wife / Son / Daughter /
Guardian / Other: _____
First Name: _____
Last Name: _____
Nick Name: _____
Gender: M / F Date of Birth: _____
Primary Language: _____

Any special needs? _____
Employer: _____
Maiden Name: _____
Birth Place: _____
Work Phone: _____
Mobile Phone: _____
Personal Email: _____
Current School Level: _____

Individual's Sacramental Information

Religion: _____
Date Baptized: _____
Date First Eucharist: _____
Date Confirmation: _____

Marital Status: _____
Church: _____
Church: _____
Church: _____

Individual #3 Information (Complete information for each Active Registering Member of your household, including minor children.)

Circle one: Head of HH / Husband / Wife / Son / Daughter /
Guardian / Other: _____
First Name: _____
Last Name: _____
Nick Name: _____
Gender: M / F Date of Birth: _____
Primary Language: _____

Any special needs? _____
Employer: _____
Maiden Name: _____
Birth Place: _____
Work Phone: _____
Mobile Phone: _____
Personal Email: _____
Current School Level: _____

Individual's Sacramental Information

Religion: _____
Date Baptized: _____
Date First Eucharist: _____
Date Confirmation: _____

Marital Status: _____
Church: _____
Church: _____
Church: _____

Please make copies of this side for additional members and attach to this registration form.

AUTHORIZATION FORM

Nativity of Our Lady Church

ES4813-0911

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____

Type of Authorization Form:

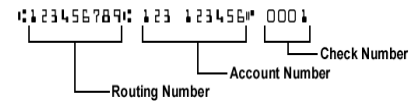
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name	First Name
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Address

City	State	Zip
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DATE OF DONATION : _____/_____/_____	FREQUENCY OF DONATION: (check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS AND AMOUNTS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Other _____ \$ _____ <p style="text-align: right;">Total \$ _____</p>
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CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
	I authorize the above church and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____	

CREDIT CARD	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card
	Credit Card Number: _____
	Expiration Date: _____
	Name on Card: _____
	Billing Address (if different from above): _____

I authorize the above church and Vanco Services, LLC to charge my credit card in accordance with the information above.
Signature (as it appears on the credit card): _____ Date: _____

Please attach voided check over credit card section above if using checking account.

E-mail Address: _____

**DIOCESE OF MONTEREY
PERMISSION WAIVER AND RELEASE & CONSENT FOR TREATMENT FORM
FOR PARISH/SCHOOL ACTIVITY/EVENT**

To the Parent/legal guardian: This is an agreement releasing the sponsoring parish/school before, during and after the activity/event. This form is also authorization for the adult supervisor to consent to any medical care needed by the minor, if the situation should arise.

This agreement releases the DIOCESE OF MONTEREY PARISH & SCHOOL OPERATING CORPORATION, also known as the DIOCESE OF MONTEREY, which will be referred to as the DIOCESE OF MONTEREY throughout this document, from any claims that the parent/guardian may have against the DIOCESE OF MONTEREY.

Activity/Event: NATIVITY OF OUR LADY RELIGIOUS ED AND RELATED YOUTH EVENTS
Starting Date: SEPTEMBER - JUNE
Mode of Transportation: na

I, _____ (name of parent or legal guardian) parent or legal guardian of
_____ (name of child/ren)

hereby give my permission for my child/ren to participate in the youth activity named above. I agree to direct my child/ren to cooperate and conform with directions, instructions and rules established by the chaperones, parish, school or diocesan personnel responsible for the above mentioned youth activity.

In exchange for permitting my child/ren to participate in the above named activity, to the extent permitted by law, I waive all claims for damages which I may have, or which may hereafter accrue to me or my child/ren against the DIOCESE OF MONTEREY, for death, personal injuries, and losses or injuries to property, real or personal, caused by or arising out of the above named activity/event. It is further understood and agreed that this agreement, waiver and release is to be binding on my successors, heirs and assigns.

In addition, to the extent permitted by law, I release and discharge in advance the DIOCESE OF MONTEREY and its officers, agents, employees, from any and all liability relating to the above named activity.

I agree and understand that transportation may be provided in such form and at the discretion of the DIOCESE OF MONTEREY.

My child/ren is/are physically fit and capable of participation in this event.

I authorize a representative of the DIOCESE OF MONTEREY into whose care the above named minor/s has been entrusted, to consent to and permit any and all necessary medical services for my child/ren to be rendered to him/her under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medical Practice Act, to consent to and permit any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care rendered to my child/ren by a dentist licensed under the provisions of the Dental Practice Act. I hereby give the representative of THE DIOCESE OF MONTEREY permission to use his/her judgment in obtaining medical services. I agree if medical services are required for my child/ren, THE DIOCESE OF MONTEREY will not be responsible for any medical expenses.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above-mentioned diocesan representative to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his/her best judgment may deem advisable.

I hereby authorize any hospital which has provided treatment to the above named minor/s pursuant to the provisions of Family Code section 6910 to surrender physical custody of such minor/s to the diocesan representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

This authorization shall be in effect during all time that my child/ren is/are under the supervision of THE DIOCESE OF MONTEREY for the above mentioned event and shall remain effective until the minor/s returns from the event and is/are no longer under the supervision of the DIOCESE OF MONTEREY.

I ALSO AGREE TO ALLOW DIOCESE OF MONTEREY TO PHOTOGRAPH/VIDEO MY CHILD/REN DURING THESE EVENTS AND TO USE SUCH LIKENESS FOR DIOCESE AND RELATED PROMOTION.

This waiver and release form is signed in order to participate in the above named event for my child/ren's own personal enjoyment and benefit and is done freely with full knowledge of the risk and dangers that are or may be involved. I, the undersigned, have read this release and understand all of its terms. I execute this voluntarily and with full knowledge of its significance.

I have discussed the above with my child/ren and he/she is aware of and understand the importance of following all rules set out by the supervisor(s).

Signature of Parent/Guardian: _____ Date: _____

Please provide the following:

Child's Name: _____

Date of Birth: _____ Male Female

Child's Name: _____

Date of Birth: _____ Male Female

Child's Name: _____

Date of Birth: _____ Male Female

Allergies (foods, drugs, insects, etc.) _____

Medications (name, dosage, reason) _____

Other information (injuries) or special health/physical conditions:

Insurance Information:

Insurance Carrier (Dependent Coverage): _____

Name of Policy Holder: _____ Policy Number: _____

Persons Authorized to Pick-Up Children:

Name: _____ Phone: _____

Name: _____ Phone: _____

My Child/ren may walk home from this program.

My Child may drive him/herself home from this program.

My Child requires a Child Safety Seat.

Person(s) to notify in case of an emergency:

Name: _____

Day Phone Number(s) _____ Evening Phone Number(s) _____

Name: _____

Day Phone Number(s) _____ Evening Phone Number(s) _____

Child/ren's Doctor: _____ Phone Number: _____

Child/ren's Dentist: _____ Phone Number: _____

NOL 8-18-2023