

IHM CONFIRMATION

Requirements for Program

- 2 retreat dates—Sunday, October 29th 10:30am-6:00pm (includes lunch and mass); Saturday, April 14th 8:00am-5:00pm (will include lunch & mass & transportation to the Monastery).
- Service projects – at least 2 service projects and at least one of them needs to be with IHM.
 - Upcoming service projects:
 - Parish Picnic – October 7th
 - AIDS Walk – October 22nd
 - Operation Christmas Child Shoebox Packing – date in late November
 - CdLS race volunteers – December 2nd
 - Keep watching the bulletin and Facebook page—other service projects to be announced as the year goes on
- Paperwork needed:
 1. Baptismal certificate
 2. Sponsor interview
 3. Sponsor verification form
 4. Saint reflection
 5. Confirmation Service Form

Sponsor requirements:

- At least 16 yrs. Old and Confirmed
- NOT mom or dad
- Someone who is in full communion with the church and is living out their Catholic faith

DRESS for Confirmation:

- **GUYS**- coat & tie
- **LADIES** – dress or skirt of appropriate length; blouse or top with no cleavage showing; if strapless or spaghetti straps, a sweater needs to be worn.

- **Confirmation Rehearsal will be Sunday, May 6th 6:00-7:00pm in the church for candidates and sponsors**

- **CONFIRMATION** is Wednesday, May 9th at 7:00pm.

SAINT REFLECTION

In choosing a Confirmation name, you will select a name of a Saint. The Saint should be someone whose life or death inspires you or who exhibited qualities you admire. This may take some research and reading and prayers to the Holy Spirit to guide you, but you are sure to find one that is meaningful to you.

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

- Start with: For Confirmation I am taking the name...
- Provide a brief summary of their life. (1-2 paragraphs)
- Why did you select this Catholic 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.

SPONSOR INTERVIEW & REFLECTION ON YOUR SPONSOR

PART I: SPONSOR INFORMATION

Your name: _____

Sponsor Name: _____

Is sponsor an IHM parishioner? YES or NO (circle one)

If no, sponsor belongs to _____ Parish in

_____ ,
City

_____ ,
State

IF SPONSOR IS NOT AN IHM PARISHIONER, HE/SHE WILL NEED TO GET A SPONSOR VERIFICATION FORM *FROM THEIR PARISH* AND SEND IT TO Elaine Phillips 2855 Briarcliff Rd. NE Atlanta, GA 30329 or fax to 404-636-4394 attention Elaine Phillips.

PART II: SPONSOR INTERVIEW

Choosing a sponsor: Candidates for Confirmation, as for Baptism, need the spiritual help of a sponsor. This person must be at least 16 years old and be an active, fully initiated member of the Church having received Baptism, Eucharist & Confirmation. A parent may not be a Confirmation sponsor but may stand in on the Confirmation day if your sponsor cannot be there.

Possible questions to ask:

Here are some suggested questions to ask your sponsor. If you ask additional or other questions, please write your question and his/her response. You should include questions about their Confirmation experience.

1. What do you remember about your Confirmation?
2. How old were you?
3. Where did you live?
4. Who was your Confirmation sponsor?
5. What was your Confirmation name?
6. Can you tell me about a time when you felt the Holy Spirit at work in your life?

PART III: REFLECTION ON YOUR SPONSOR

After talking with your sponsor, reflect on what you have learned and what you know about this person. Be sure to answer the following questions:

1. What qualities do you admire about this person?
2. How is this person living the Gospel in their everyday life? (What are they doing to follow Jesus and his teachings?)
3. Why did you choose him/her to be your sponsor?
4. Why do you think that he/she is a good Catholic example for you?

CONFIRMATION SERVICE FORM

Student's Name : _____

Project 1: _____

What did you do and why was it meaningful?

Project 2: _____

What did you do and why was it meaningful?

Student Signature _____

Parent Signature _____

FOR I WAS HUNGRY AND YOU GAVE ME FOOD, I WAS THIRSTY AND YOU GAVE ME DRINK, A STRANGER AND YOU WELCOMED ME, NAKED AND YOU CLOTHED ME, ILL AND YOU CARED FOR ME, IN PRISON AND YOU VISITED ME.
MATTHEW 25:35-36

PERMISSION SLIP FOR EDGE, LIFETEEN & CONFIRMATION

Name of Participant: _____

Gender _____ Date of Birth _____ Age _____

Parent / Guardian's Name _____

Address: _____

Home phone #: _____ Work # _____ Cell # _____

I do hereby give my permission for my child, _____, to engage in the various activities sponsored by Immaculate Heart of Mary Church for its EDGE middle school and LifeTeen high school youth program and/or Confirmation service projects, including, but not limited to, travel in automobiles and bus, attendance at related group activities, and general participation in any and all sponsored events by or associated with Immaculate Heart of Mary middle and high school youth programs.

We agree that any photos or videos taken by the group can be used by the youth group director in communications such as the GA Bulletin, the IHM website, church bulletin, Facebook or YouTube.

_____ (initial)

As a parent and / or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend **Immaculate Heart of Mary**, its officers, directors, and agents and the **ARCHDIOCESE OF ATLANTA**, Georgia, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Atlanta, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

The chaperones have permission to seek medical attention for my child should he/she deem it necessary.

YES _____ NO: _____ (CHECK ONE)

Hospital Insurance Company: _____

Insurance Policy Number: _____

Medical information we should know (allergies, carsickness, medication your child is taking, etc)

Parent signature: _____ Date: _____

Catholic Archdiocese of Atlanta
Immaculate Heart of Mary Church

Annual Medical Release

Name of Student: _____ Date of Birth: _____

Address: _____

Home phone #: _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital. If you are unable to reach me, contact:

Emergency contact _____ Phone # _____

Relation to participant _____

If you are unable to reach parent/guardian or the emergency contact person, I hereby grant permission for the doctor and hospital to exercise professional judgment in treating participant.

Medical / Hospital Insurance Carrier _____

Name of Policy Holder _____ Relation to participant _____

Policy Number _____ Group Number _____

Signature of Parent / Guardian _____ Date _____

Father/Guardian's full name: _____

Phone #: _____ Cell # _____

Home address: _____

Place of business/address: _____

Phone #: _____

Mother/Guardian's full name: _____

Phone #: _____ Cell # _____

Home address: _____

Place of business/address: _____

Phone #: _____

(Both sides need to be complete and signed)

Name of Participant _____

Medications: My child is taking the following medication(s):

Description _____ Dosage _____

Description _____ Dosage _____

(EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.)

I hereby grant permission for non-prescription medications to be given, if deemed appropriate.

Drug allergies _____

Other allergies / reactions (food, plants, insects, etc.) _____

List any other health problems / limitations that we need to be aware of _____

Signature of Parent / Guardian _____ Date _____

(This Medical Release is good for the period of one year; beginning _____ and ending _____.)