

Year 2 - Confirmation Checklist

This listing is provided to help you keep track of the program requirements. Check each box as you complete the requirement and provide the form/information requested. **This checklist is not turned in – but kept for your use.**

- Attend all scheduled Chosen Sessions**
 - If your teen is unable to attend due to an unavoidable conflict or sickness, you must make arrangements ahead of time for a make-up with the coordinator. **Email Sophia Gaves at sgaves@stanastasia.org**
- DUE TODAY, Sep 15 (or no later than Oct 6) – complete and turn in today – the Retreat Permission Slip, Medical Release, Echo Grove Waiver/Special Diet Request, & Dispensing Meds (if needed)**
 - forms available at today's session and online at QR code below
- Attend and participate in the **Confirmation Retreat** scheduled for: **Nov 8 – 9, 2024**
- Complete **Confirmation Name / Saint Report** form and submit on or before **Nov 24 (QR code for online form)**
- Complete **Confirmation Sponsor Form** and submit on or before **Nov 24 – (QR code for online form)**
- Certificate of Eligibility for Sponsors:** Sponsor fills out (if Sponsor is a member of St. Anastasia) or Sponsor takes to his/her own parish to be completed) - this form is due by **Feb 9**
- Submit a **Letter Requesting Confirmation** stating why you'd like to be Confirmed in the Catholic Church on or before **Mar 16** (*see Instructions for Writing Your 'Request for Confirmation Letter' in the Parent Packet*)
- Go to Confession** prior to being Confirmed. Candidates must be in a state of grace (absolved by a priest of any mortal sins) at the time of receiving Confirmation. Our parish also offers confessions on Tuesdays at 6PM.
- ACTION REQUIREMENTS** a 250+ word reflection is required for **each** of the following learning experiences. **Questions for reflections are:** *What was the experience like? How does this relate to my faith?* Due 2 weeks after completing an event - **email reflections to sgaves@stanastasia.org to receive credit**
 - **Spiritual Formation/Fellowship** (attend a B.A.S.I.C. night for High Schoolers at St. Anastasia)
 - Event: _____ Date: _____
 - **Liturgical (Mass Greeter** – greet parishioners 15 minutes before Mass starts or if you are a trained altar server, you may use this for your liturgical reflection)
 - Mass Date/Time: _____
 - **Christian Service** (any community outreach – some opportunities offered by B.A.S.I.C.)
 - Location: _____ Date: _____

Use the QR Code provided here to access the Parent Packet forms and/or online forms available mentioned above. Paper forms may be dropped off while attending class or mailed in to the parish:
St. Anastasia RE OFFICE, 4571 John R Road, Troy, MI 48085



Confirmation Year 2 Schedule

(updated 9/11/24)

Session: Sundays 11:15A—12:30P (unless noted)

Week 1: Sep 15, 11:15A—3P (Mini-Retreat & lunch)

*Parent attends from 11:15A—12:15P

Week 2: Oct 13

Week 3: Oct 27

Nov 8—9 (Friday 4:30P—Saturday 4:45P, retreat)

Week 4: Nov 24 *Sponsor attends

Week 5: Dec 8

Week 6: Jan 12 *Parent attends

Week 7: Feb 9 *Sponsor attends

Week 8: Mar 2

Week 9: Mar 8, 9:30—11:30A (Saturday, Safe Env)

Week 10: Mar 16

Week 11: Apr 6

Apr 25, 7—8P (Friday, Confirmation Rehearsal)

Apr 26, 11A (Saturday, Confirmation Day)

This will be a Mass that includes the celebration of the Sacrament of Confirmation.

Plan to arrive by 10:30A with an approximate end-time of 12:30P.

Sophia Gaves, Confirmation Coordinator

sgaves@stanastasia.org :: 248-689-8380 Ext. 108

*B.A.S.I.C (Brothers And Sisters In Christ) - High School Youth Ministry
Meets on scheduled Sundays from 6 – 8P in the Davidson Center.
Teen Ministry also offers: teen led prayer meetings, service opportunities,
retreats, girl & guy groups, mission trip, Cedar Point trip.*

KEEP this Confirmation Retreat Packing List!

Destination: **Echo Grove Camp and Retreat Center** [1101 Camp Rd, Leonard, MI 48367, 248-628-3108], travel by bus.

Designated Supervisor of Activity: **Sophia Gaves (248-881-0405)**

Date & Time: **November 8—9, 2024** (If you are aware of a serious conflict with this 2 day retreat—you will need to contact Sophia immediately to find another Confirmation retreat, perhaps offered by another parish in the area).

- † This is a weekend away from the daily hustle and bustle of life so you can be rejuvenated, filled with the Holy Spirit and prepare your heart and mind for Confirmation.
- † **LEAVE YOUR CELL PHONE AT HOME!** All the adults have a phone and Sophia Gaves has a phone in case of emergency (see above). Parents may reach out to Sophia if they want their teen to have access to their phone during the retreat.)

Weekend Itinerary

WEEKEND RETREAT:

Please be at the Davidson Center (1st building on our property) by 4:30p on Friday to check-in for bus ride. Return pick up 4:45p on Saturday at the Davidson Center.

Packing List:

T-Shirts	Sweatshirts/Hoodies	A SNACK TO SHARE* (8-10 servings) *snacks must be turned in before boarding the bus
Pants		
Underwear	Toiletries & Towel	
Socks	Pillow & Sleeping Bag	
Sneakers, boots/shoes that can get wet.	Bible & journal	

DO NOT bring these:

No Electronic Devices: Remember this is a weekend away from the normal daily things and “noise” of life. **Leave cell phones at home.**

All adult leaders will have cell phones for emergencies.

No Cigarettes, Alcohol, or Drugs.

(Prescriptions require a “Release for Dispensing of Medication” form.)

Questions? Contact Sophia Gaves, Confirmation Coordinator
Email: sgaves@stanastasia.org :: Office: 248-689-8380, Ext. 108

YEAR 2 Requirement - DUE BY: Nov 24, 2024

Candidate CONFIRMATION Name

During the Catholic sacrament of Confirmation, God the Holy Spirit comes upon you to bestow numerous spiritual gifts and "confirm" the faith given you in Baptism. If you choose a Confirmation name before Confirmation, this new name, imposed by the bishop during Confirmation, becomes a part of your full name. It comes after your first and middle names and before the last name.

Find a list of canonized saints in the Roman Catholic Church by reading a book or doing online research (<http://www.catholic.org/saints/> is a good place to start). Saints are people who have lived holy lives and are now in heaven as members of the Church Triumphant. Their life stories provide examples for others on how to overcome spiritual obstacles on Earth.

Pray to the Holy Spirit, and ask Him for help in finding a saint whose life you'd like to imitate. This saint will be bonded with you spiritually, and in essence becomes your heavenly patron who intercedes for you before God.

Select your Confirmation name, based on the name of a SAINT and inform your sponsor, family and friends. Get used to it by saying it over and over again in your mind. Practice writing it as part of your full name.

Before you are confirmed, pray with the saint whose name you will be using as your Confirmation name. Ask this saint to intercede for you, to help you make the right moral choices, and overall to be a powerful spiritual guide the rest of your life.

Buy pictures, holy cards, statues and books associated with your Confirmation's namesake. These visual reminders of your saint will help you reflect upon his or her unique virtues.

Fill out the information below and turn it in to your catechist or the Religious Education Office by the due date above.

Please PRINT neatly or type out your report (and put your name on it) – so that we can read it...

YOUR FULL NAME: _____

YOUR CHOSEN CONFIRMATION NAME IS: _____

If this is left blank, your first name will be considered your Confirmation Name.

Write a short report on the SAINT whose name you will take as your Confirmation Name (even if it is your own name), **including WHY you have chosen this name.** You may use the back of this form for your Saint Report - or attach to this form. (There is also an online option for this information).

YEAR 2 Requirement - DUE BY: Nov 24, 2024

Chosen Sponsor Information

So that certificates may be filled out properly, please complete every line of this form using the FULL, LEGAL names of each person. Additional sponsor form (**Certificate of Eligibility, for sponsor**) must be turned in on or before **Feb 9, 2025**.

PLEASE SUBMIT THIS FORM ON OR BEFORE THE DUE DATE ABOVE

Online option available

PLEASE PRINT NEATLY

Candidate's Full Name: _____

Confirmation SPONSOR Information

PLEASE PRINT NEATLY

**** A sponsor is an active, participating Catholic over the age of 16 who has been confirmed and is living out their Catholic faith. **Every Sponsor MUST** submit a **Certificate of Eligibility** from his or her pastor verifying that he or she is a Catholic member in good standing in their church. A blank copy of a Certificate of Eligibility for Sponsors is included in this packet.*

Sponsor's FULL Name: _____

Sponsor's Email Address (optional): _____

Sponsor's Relation to Candidate: _____

Check one:

_____ Sponsor is an active, registered member of St. Anastasia Parish

_____ Sponsor is an active, registered member of another Catholic Church:

Parish Name: _____

Parish City/St: _____

_____ ** I understand that all Sponsors must submit a completed, signed & sealed **Certificate of Eligibility for Sponsors** no later than **the deadline mentioned above**, to the Religious Education Office at St. Anastasia. If your Sponsor is a member of St. Anastasia Parish, the "**Priest/Deacon Signature**" and "**Parish Seal**" may be omitted from the **Certificate of Eligibility form**.*

Please note: Parents are not eligible to be a SPONSOR. If you have specific questions regarding sponsors, you may contact Sophia Gaves, Confirmation Coordinator at 248-689-8380, Ext. 108.



Please mail completed form to:
St. Anastasia Catholic Church
Religious Education Office
4571 John R Road
Troy, MI 48085

Certificate of Eligibility for Sponsors

Must be completed, signed and sealed by a Priest or Deacon at the Sponsor's parish of register and returned to St. Anastasia by Feb 9, 2025

Code of Canon Law #874: "To be permitted to take on the function of a sponsor a person must ...have the aptitude and intention of fulfilling this function; have completed the sixteenth year of age; be a Catholic who has been confirmed and has already received the most holy sacrament of the Eucharist and who leads a life of faith in keeping with the function to be taken on; not be bound by any canonical penalty legitimately imposed or declared."

I, _____ am a registered member of this Catholic Church:

Name of Church: _____ City/State: _____

I have been asked to be a Sponsor for _____ as he/she is Confirmed.

In accepting this responsibility, I affirm that:

_____ I am a Roman Catholic and have celebrated the three Sacraments of Initiation (Baptism, Eucharist, and Confirmation).

_____ I am at least 16 years of age.

_____ I participate regularly in Sunday Mass and give witness to my faith in Christ Jesus by receiving Him in Holy Communion.

_____ If married, I am married according to the laws of the Catholic Church.
(please indicate if not married) _____

_____ I believe what the Catholic Church professes and teaches, and I truly make an effort to incorporate these teachings in my daily life.

_____ I am aware that I am assuming responsibility to be a good role model for the person I am sponsoring by my life of prayer and by my Christian example.

Parish Seal: (if not St. Anastasia)

Sponsor's Signature

Priest/Deacon Signature (if not at St. Anastasia)

Date

INSTRUCTIONS FOR WRITING YOUR “REQUEST FOR CONFIRMATION” LETTER

ALL CANDIDATES ARE **REQUIRED** TO WRITE A LETTER TO THE BISHOP,
OFFICIALLY ASKING/REQUESTING TO BE CONFIRMED.

*Most Candidates find it helpful to write this letter **after** they have
experienced the Confirmation Retreat.*

1. Please **TYPE** your letter using the name/address listed here for Fr. Steve.
2. Please **SIGN** your letter in cursive, followed by your typewritten name.
3. Please **RETURN** your letter **NO LATER THAN the due date above**.
4. Please **do not place your letter in an envelope**. All letters are placed in a binder so that we don't have to open individual envelopes to get at the letters.
5. When using the words **Catholic, Confirmation, God** and **Mass** – please capitalize the first letter of each of these words.

Here is how you will address your letter requesting Confirmation:

Most Rev. Robert J. Fisher, Bishop
c/o Rev. Steven A. Wertanen, Pastor
St. Anastasia Catholic Church
4571 John R Road
Troy, MI 48085

Dear Bishop Fisher,

In your own words, write (type) a letter requesting Confirmation. The letter can be based on the answers to the following questions:

- What are the reasons you want to be Confirmed?
- What part of the preparation process was most helpful to you?
- When Confirmed, what difference will you make? (Personal growth in your relationship to God, service to others, doing God's work in the world...)

This letter should be well thought out and at least a couple paragraphs in length. Note that Confirmation is NOT about becoming an adult in the Church or about “finishing” religious education. Ask your sponsor or parent to read through with you before turning it in.

Sincerely,

Sara Davis

Sara Davis

YEAR 2 RETREAT DUE: OCTOBER 6, 2024

ST. ANASTASIA CATHOLIC CHURCH
PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from parish facilities. This activity will take place under the guidance and the supervision of staff from **St. Anastasia Parish**. A brief description of the activity follows:

Name of Event St. Anastasia Confirmation Retreat
Destination Echo Grove Camp and Retreat Center [1101 Camp Rd, Leonard, MI 48367 (248) 628-3108]
Designated Supervisor of Activity Sophia Gaves, Confirmation Coordinator
DATE & TIME: Friday, November 8 at 4:30PM through Saturday, November 9, 2024 at 4:45PM
Method of Transportation: BUS

If you would like your son/daughter to participate in this event, please complete, sign and return this statement of consent and release of liability **along with \$14 for a t-shirt** to the Parish Offices on/before **Sunday, Oct 6, 2024**. As parent or legal guardian, you remain fully responsible for the actions and conduct of your teen.

IF YOUR CHILD CANNOT ATTEND, PLEASE NOTIFY/EMAIL TODAY: sgaves@stanastasia.org

Return this form – along with Medical Release and Release for Dispensing Medication (if needed), and The Waiver/Release that Echo Grove Camp and Retreat Center has required.

Confirmation Retreat

STATEMENT OF CONSENT

I hereby consent to participation by my teen, _____ in the event described above scheduled for **Nov 8 - 9, 2024**. I understand that this event will take place away from the parish grounds and that my teen will be under the supervision of the designated parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this event, I agree on behalf of myself and my child, to release **St. Anastasia Parish**, the **Roman Catholic Archdiocese of Detroit** and any and all affiliated organizations, their employees, agents, representatives, including volunteer drivers, (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in this event. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

A medical release form **MUST** be turned in prior to your teen participating in this event.

Phone Number(s) where you can be reached during this event _____

Print Parent/Legal Guardian's Name

Signature of Parent/Legal Guardian

DATE

t- shirt sizes: S M L XL XXL (adult sizes) – \$14 each

Please circle t-shirt size

**RETURN THIS FORM (and \$14) TODAY! Or to the Religious Education Ofc,
or your catechist ON OR BEFORE Sunday, Oct 6, 2024**

MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: Confirmation Retreat or Activity

Address of Minor: _____ City: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies or other pertinent comments:

Medications taken on a regular basis:

Will the student be bringing these medications on retreat? ___Yes ___No

If yes, please submit a Dispensing Medication Release along with this form.

Health Insurance Data:

Company: _____ Policy: _____

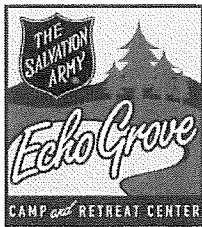
Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____

Signed: _____
(Parent or Guardian)



The Salvation Army Echo Grove Camp & Retreat Center Waiver/Release of Liability Agreement

I, the undersigned, understand that there are risks and dangers inherent in participating at The Salvation Army Echo Grove Camp & Retreat Center (the "Camp"). I understand that I/my minor child may take part in activities which may include: transportation, swimming, canoeing, kayaking, paddle boats, fishing, pontoons, slip n' slide, rafting, high and low ropes course, climbing wall, zip line, hayride, high intensity activities, archery and other shooting sports, field trips, indoor & outdoor games, bicycling, and other activities consistent with the purposes of the Camp (each, an "Activity"). I also understand that use of the facilities and equipment at The Salvation Army Echo Grove Camp & Retreat Center (the "Camp") may involve risk of bodily injury, property damage, or exposure to contagion (including COVID-19), and I agree to assume any such risks. I understand that it is up to me to consult physicians and other professionals to make sure that I can safely participate in activities and events at The Salvation Army Echo Grove Camp & Retreat Center (the "Camp"). I also understand and agree that by signing this agreement, I am giving up my (or the minor for whom I sign) right to make any claim against The Salvation Army, its agents, employees and volunteers, including the right to sue them, for bodily injury, property damage, illness, or any other loss that I might suffer while using The Salvation Army Echo Grove Camp & Retreat Center (the "Camp") facilities and services, except as limited by law.

In consideration of being permitted to participate in the Camp, I hereby voluntarily release The Salvation Army from any and all liability resulting from or arising in any manner whatsoever out of my/my minor child's participation in any Activity.

- I understand and agree that by signing this waiver/release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me/my child while participating in any Activity, including but not limited to health care expenses.
- I understand and agree that by signing this waiver/release, I am agreeing to release, indemnify, hold harmless and defend The Salvation Army, its officers, agents, employees, and volunteers from any and all liability or costs, including attorney's fees, associated with or arising from my/my child's participation in any Activity and arising from any cause, including vehicles, except for matters caused by the willful misconduct or gross negligence of The Salvation Army or its officers, agents, employees, and volunteers while acting within the scope of duties of such relationship to The Salvation Army.
- I understand and agree that this waiver/release will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children, and any guardian ad litem for said children.
- I understand and agree that if I am signing this waiver/release on behalf of my minor child, I will be giving up the same rights for said minor as I would be giving up if I had signed this document on my own behalf.
- I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. In signing below I acknowledge that I have read and understand the words and language in this waiver/release agreement. I understand there are potential dangers incidental to participating in any Activity and going to/from any Activity. I execute it voluntarily and with full knowledge of its meaning and significance. In accordance with Federal law, I understand that my consent is valid for up to one (1) year from the date of signature. My consent can be revoked at any time upon The Salvation Army's receipt of my written revocation.

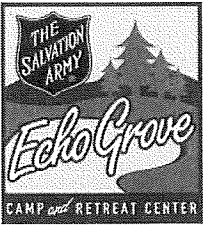
Printed Name of Participant

Printed Name of Parent/Guardian OR Adult Participant

Signature of Parent/Guardian OR Adult Participant

Date

Rev (6/20)



Special Diet Request Form

Echo Grove Camp
1101 Camp Road
Leonard, MI 48367
(248) 628-3108
www.echogrove.org

If you require a medical/special diet during your stay, please fill out this Special Diet Request Form. Please send all completed forms to margaret.urban@usc.salvationarmy.org

Please note:

- Your special diet request must be submitted to Margaret Urban four weeks before your event and be confirmed by her or a member of her staff.
- We are not able to accommodate food preferences. A microwave and refrigerator are available for use if you wish to bring your own food. If you choose to bring your own food, no discount will be given.
- Echo Grove is not responsible for any illnesses or adverse reactions that result from foods procured from establishments outside of the camp facility.
- While we make efforts to facilitate for those who have special dietary needs, we are not able to accommodate anyone with life threatening allergies. In these instances, the individual will need to bring food item of their own. Refrigeration or food storage will be made available for those guests.
- PLEASE SEND REQUESTS TO Margaret Urban at margaret.urban@usc.salvationarmy.org

GUEST INFORMATION

Name (first/last) _____

If guest is a minor, please include name of parent/guardian _____

Phone _____ Email _____

Event you will be attending _____

Dates of stay _____

DIETARY NEEDS

For medical diet, check all that apply:

Gluten Intolerant

Egg Allergy

Soy Allergy

Shellfish Allergy

Dairy Allergy

Nut Allergy

Wheat Allergy

Other (please explain) _____

Please use this space to include any other information that you would like us to know about your dietary requirements.

RELEASE FOR DISPENSING OF MEDICATION

We, the undersigned parent and/or guardian of:

_____ Born ____/____/____
(Student's Name) (Grade/Room #) Mo Day Yr

do hereby sign and execute this release on behalf of us and on behalf of our minor son/daughter/ward.

NAME OF MEDICATION: _____

DOSE: _____

TIME TO BE GIVEN: _____

DURATION: _____

ATTACH DOCTOR’S NOTE REGARDING EMERGENCY CARE PLAN AND ADMINISTRATION OF MEDICATION.

Check here, if this release is for a metered dose asthma inhaler, insulin pump or epinephrine auto-injector, which the student will possess and use at his/her own discretion in school or at school activities. The physician and parents/guardian signature below apply to the inhaler, insulin pump or epinephrine auto-injector possession and use by students as permitted in Public Act 10 – Revised School Code.

(Doctor's Signature) (Please Print Name) (Date)

_____(_____)_____
(Phone Number)

We hereby waive any liability whatever to the school or the Archdiocese of Detroit or any of its personnel, that might occur as the result of giving said medication in the indicated dosage at the time requested to our minor son/daughter/ward.

PARENT/GUARDIAN _____
(Signature)

(Print Name)

DATE _____

(April, 2017) *This form MUST accompany any medications being brought on retreat*