

GOOD SHEPHERD CONFIRMATION REGISTRATION PACKET

8200 GOLD COAST DR. SAN DIEGO, CA 92126

4/18/2017

Pat Clasby
Good Shepherd Confirmation Registration Packet
8200 Gold Coast Dr. San Diego, CA 92126

Dear Families,

I hope this letter finds you well. As our 2016/20167 school year comes to a close, it's already time to start thinking about 2017/2018 as your son/daughter starts final preparation for the Sacrament of Confirmation. This letter will explain the enclosed registration packet. Please look through it **immediately** as you will need to make some important decisions.

We will continue using the tiered registration system that we started last year. The tiered system will be around a certain time window in the year when you can register your son/daughter. As an enticement for you to make an earlier commitment, the earlier you register, the less it will cost.

Often times we have people asking about the fees we charge for our Confirmation sessions. We'd like to encourage families to look at the fee as an investment in the faith development of your son or daughter. Your fee helps us ensure that your son/daughter will have the best experience possible in learning, loving, & living their faith. Your fee also helps with things such as, but not limited to:

- Administrative support
- Covering the cost of our adult volunteers in various roles throughout the year
- Continued professional development
- Bringing in guest speakers for youth and/or parents

I want to give you a lens to look at what you're paying for when you register your son/daughter for Confirmation sessions. If you pay the early fee of \$150 for Confirmation sessions, it breaks down to a cost of \$8.82 per session over 17 two-hour sessions for your candidate. If you pay the highest fee of \$250 at orientation, that breaks down to \$14.70 over the course of 17 sessions. As a parent who has put my son through the program, I appreciate the financial challenge this presents but when I looked at what we pay for an hour music lesson (\$50) I came to believe the youth ministry program fee is well worth the investment we make. What you're paying for is an investment in your young persons faith development which is every bit as important as their development in a sport, musical instrument, or other extra-curricular activity.

Families will have 3 windows of time to register their young person. The following is a listing of the time windows and options for payment that goes with each. Please check the one that works for you.

- Option 1: May 30 – June 1 (The Faith Formation office will be open from 12 p.m. – 6:00 p.m. on these dates)
 - **If you choose this window, you will pay one of the following options during the time period**
 - Option 1 will be \$375. ***This is the least expensive option/tier***
 - Includes Confirmation Session Fee of \$150 & Early Retreat Fee of \$225 (discounted from \$275)
- Option 2: Sun. Aug. 27 (We are calling this Registration Sunday. The Faith Formation office will be open from 9 a.m. – 2:00 p.m. and again from 6 p.m. – 7 p.m.)
 - Option 2 will be \$450
 - Confirmation Session Fee of \$200 and Retreat fee of \$250.
- Option 3: At Orientation on Oct. 16
 - Option 3 will be \$525.00
 - Confirmation Session Fee of \$250 plus retreat fee of \$275.

These will be the only times we're accepting registrations. **In order for registrations to be accepted, they must be fully complete including a copy of the young person's baptismal certificate.** We strongly want to encourage you to register during the earliest session. It helps our office immensely as we prepare for the new-year.

We are enclosing in this letter the Sponsor Eligibility Certificate for your son or daughter's Confirmation Sponsor. We are asking that you fill in the name of the sponsor as well as your son or daughter's Confirmation name, if applicable. Candidates can choose a Confirmation name from the Bible, choose a Saint's name, or use their name given at baptism. If your son or daughter's sponsor is an active registered member of Good Shepherd, the Pastor's signature is not required. **If their sponsor is not a member of Good Shepherd Parish, please write in the Church they are parishioners at and have the Pastor sign the eligibility form.**

On the next page, please find some initial dates that we want you to be aware of at the start of next fall for the Confirmation process.

**Initial Dates
Confirmation
Registration Packet**

Date	Time	Room	Event
*Sun. Sept. 10	6:30 p.m. - 8:30 p.m.	Parish Hall	Confirmation
Sun. Sept. 17	6:30 p.m. - 8:30 p.m.	Parish Hall	Confirmation
Sun. Sept. 24	6:30 p.m. - 8:30 p.m.	Parish Hall	Confirmation
Sun. Oct. 1	No Session	No Session	No Session
**Sun. Oct. 8	6:30 p.m. - 8:30 p.m.	Parish Hall	Conf. Orientation
**Sun. Oct. 15	7:00 p.m. - 8:30 p.m.	Gym	Parent Night
Feb. 9 - 11, 2018	TBA	Whispering Winds	Confirmation Retreat
Tue. Feb. 20, 2018	6:30 p.m. - 8:30 p.m.	Church	Prayer Service

Legend
* = Confirmation Candidates not yet registered for Confirmation may attend through Orientation at which time, parents may register them. Candidates not registered after Orientation may not attend.
** = Mandatory Parents Only Nights

A full calendar will be given at Orientation.

It should be noted that enclosed in this packet is the Confirmation Retreat Registration envelope. It has forms and instructions that need to be filled out. If you're planning on paying for the retreat fee early, you'll need to also make sure that all items of the retreat packet are taken care of as well. If you have any questions or concerns, please contact Pat at the Faith Formation office @ 858-271-8769 or the best way to reach him is to e-mail him at patrickclaz@att.net. We look forward to a great year.

Peace & Blessings,

Pat Clasby

Patrick T. Clasby
Director of Youth Ministry
Good Shepherd Parish
858-271-8769

Confirmation Registration Good Shepherd Youth Ministry

For Office Use Only

Registration Date _____ Initial of Staff Member Receiving Registration _____

Fee Received _____ Cash/Check # _____

Info. T-Shirt Size _____ Gender _____ Grade _____

Last Name _____ First _____ Middle Initial _____

Student Cell _____ Student e-mail _____

Mailing Address - _____
Street City/State/Zip

Sacraments

1st Eucharist _____ Date Received _____ Confession _____

Copy of Baptismal Certificate _____

Special Needs - *For your child's sake, please list any special needs he/she may have (i.e. such as but not limited to, ADD, autism, food allergies, etc.)*

Parent/Guardian Info.

Mom Last Name _____ First _____ Maiden _____

Mom Cell _____ Mom e-mail _____

Dad Last Name _____ First _____ Middle Initial _____

Dad Cell _____ Dad e-mail _____

THIS LETTER IS TO INFORM YOU OF SOME SPECIFICS ABOUT THE CONFIRMATION RETREAT AND IS FOR YOUR EYES ONLY. IT IS TOP SECRET. PLEASE DO NOT SHARE WITH YOUR CHILD

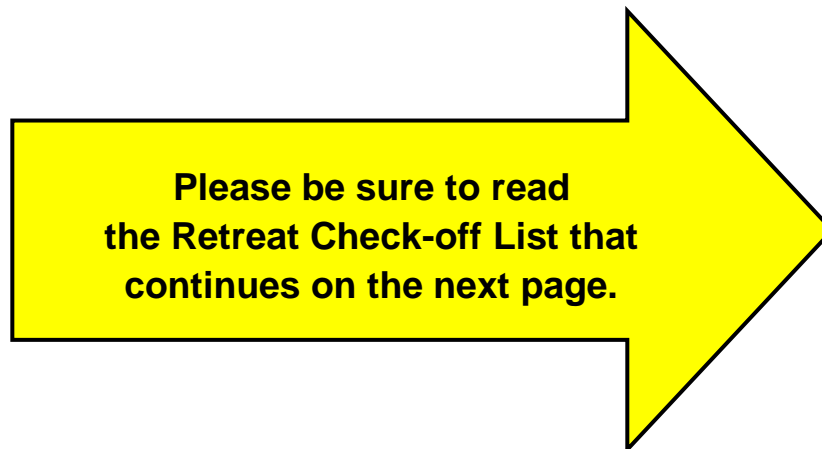
Dear Parents,

This letter is in regards to registering your candidate for the Confirmation retreat. A subsequent packet will be mailed to you about a month from the retreat reminding you of some items that will need to be turned in prior to the retreat for your candidate. It will be imperative to get those items into the faith formation office in a timely fashion.

- A. CONFIRMATION RETREAT:** The retreat will take place on the weekend of Friday, February 9 through Sunday, February 11 at the Whispering Winds Catholic Conference Center. Included in this mailing are a couple of items that need to be returned to the Faith Formation Office.

Youth not attending the retreat will not be getting confirmed in May unless they have made arrangements to participate in an alternate retreat approved by Good Shepherd. If you have any questions, please contact me as soon as possible.

Please be sure to read both sides of this letter thoroughly.



CONFIRMATION RETREAT CHECK-OFF LIST:

Please make sure you have all 3 items before you come into the office to turn in your retreat packet. We will not be able to accept any incomplete packets. All 3 of these items must be submitted together during your tier window. Please choose the tier window that will work best for your family.

1. GOOD SHEPHERD PERMISSION SLIP

2. WHISPERING WINDS WAIVER AND GENERAL RELEASE

Enclosed are two forms that we ask are completed and returned. It is important to fill out the entire form as this will tell us if we can give your child medication in the event that they are sick or hurt.

3. FEES ARE DUE UPON REGISTRATION OF YOUR CANDIDATE INTO CONFIRMATION

Thank you for allowing me a few minutes to inform you of this retreat and some of our other upcoming events. If you have any questions, please contact me ASAP. May the Lord bless and watch over your families.

Yours in Christ,

Patrick T. Clasby
Coordinator of Confirmation
(858) 271-8769
patrickclaz@att.net



Good Shepherd Parish

8200 Gold Coast Drive
San Diego, CA 92126

Parental/Guardian Consent & Liability Waiver

Participant's Name: _____ Birth Date: _____

Gender: M F Parent/Guardian's Name: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Grade: _____ Home Phone: _____ Cell Phone: _____

I, the above name of parent or guardian, grant permission for the above named child, to participate in this parish youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance & direction of parish employees and/or volunteers from Good Shepherd Parish.

A brief description of the activity follows:

Type of event or activity: Confirmation Retreat Date: Feb. 9 – 11, 2018

Destination of event or activity: Whispering Winds

Individual in charge of & responsible: Pat Clasby

Mode of transportation to & from event: Bus

Estimated Departure: 4:00 p.m. Feb. 9, 2018

Estimated Return: 2:00 p.m. Feb. 11, 2018

As parent, and/or legal guardian, I remain legally responsible for any personal actions taken by the above named young person ("participant"). I agree on behalf of myself, my child's other parent if known or living (name of parent) _____, my child named herein, or our heirs, successors, and assigns, to hold harmless & defend Good Shepherd Parish, its officers, directors and agents, & the Diocese of San Diego, chaperons, or representatives associated with the event with respect to any and all actions, claims or demands that may be made or brought against the parish, its officers, directors and agents, and the Diocese of San Diego, chaperons, representatives associated with the event, arising from or in connection with my child's 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 attorney's fees and expenses arising in connection therewith.

Signature: _____ Date: _____

MEDICAL MATTERS: 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. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

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 above numbers, contact:

NAME & RELATIONSHIP: _____ PHONE: ____ () ____ —

FAMILY DOCTOR: _____ PHONE: ____ () ____ —

Family Health Plan Carrier: _____ Policy Number: _____

1) Signature: _____ Date: _____

CONTINUED ON THE NEXT PAGE

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of San Diego, chaperons, 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 charged reversed to myself)

2) Signature: _____ Date: _____

Medication: 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 are as follows:

3) Signature: _____ Date: _____

No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life threatening and emergency treatment is required.

4) Signature: _____ Date: _____

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

5) Signature: _____ Date: _____

Specific 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, bedwetting, 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:



WHISPERING WINDS WAIVER & GENERAL RELEASE

Whispering Winds Catholic Conference Center, Inc. ("WW") is a non-profit corporation that owns and operates the Whispering Winds Camp, 17606 Harrison Park Road, Julian, California 92036. In order to keep our operating costs reasonable, we ask all visitors, guests, volunteers and users of the camp, and the parents of all minor camp users, to sign this Waiver & General Release ("Agreement"). By signing this Agreement, you are waiving and generally releasing all present and future claims against WW, except for claims arising out of the gross negligence or intentional misconduct of WW.

1. *Definitions:*

- a. "Associated Persons" means present and former officers, directors, shareholders, partners, members, employees, agents, volunteers, accountants, attorneys, insurance carriers, trustees, beneficiaries, executors, administrators, heirs, predecessors-in-interest, and successors-in-interest. "Associated Entities" means affiliated entities, contractors, subcontractors, material suppliers, and professionals (collectively "AP&AE").
- b. "Claims" shall include all claims, rights, demands, damages, liabilities, and causes of action (whether asserted, unasserted, known, unknown, contingent, accrued, or otherwise).
- c. "Costs" shall include all costs, losses, expenses, attorneys' fees, expert witness fees and other fees, interest, and all other obligations.

2. *Waiver and General Release:*

On behalf of myself and my AP&AE, (i) I waive all present and future Claims and Costs against WW and its AP&AE, and (ii) I generally release WW and its AP&AE from all present and future Claims and Costs, arising out of or related in any way to my presence on or use of the WW camp, or participation in programs, excepting only such Claims and Costs arising solely and exclusively from WW's gross negligence, or knowing and intentional unlawful conduct.

3. *Waiver of Civil Code Section 1542:*

I acknowledge that the above Waiver and General Release includes Claims and Costs which I do not know or suspect to exist, and I waive all rights which may exist under California Civil Code Section 1542 which provides as follows:

A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.

4. *Photo Release:*

I grant WW permission to use my name, likeness, photograph, and voice for all purposes, and without compensation to me.

Participant

Participant Signature: _____

Print Name: _____

Address: _____ Date: _____ Tel: _____

Email address of adult: _____

Signature of Parent or Legal Guardian (if Participant is under 18): _____

Print Parent Name: _____ Date: _____ Tel: _____

(One release per adult; for minors in one family, please list)

Minor Name: _____ Minor Name: _____

Minor Name: _____ Minor Name: _____

Authorization:

My child has my permission to engage in all camp activities except as noted. I give permission to the medical personnel selected by WW to order X-rays, routine tests, and treatment; to release records necessary for insurance purposes; and to arrange necessary transportation for my child if I cannot be reached in an emergency. I give permission to the physician selected by WW to administer treatment, including hospitalization. This form may be photocopied and the photocopy may be used for all purposes. I accept full responsibility for any injury my child might receive as a result of camp activities. I will provide my own health and accident insurance.