

The REVISED Confirmation Schedule for the Remainder of 2010

- February 13, 2010** **Confirmation Retreat at St. Bernard in Cullman**
"The Things You Need to Know!"
8:00am – 8:00pm (Meet at and return to St. John's Youth Room)
- February 28, 2010** **Session Six: "Confirmed in the Church" (9:45-11:00pm, Cafeteria)**
From the Bishop: The Precepts of the Church
- March 6, 2010** **Confirmation Service Day (8:15am – 1:00pm)**
The day will begin with our meeting in Church for Mass, and a "Holy ½ Hour"
We'll then proceed to CASA Gardens and other service sites. PLEASE PACK A LUNCH, as we'll be eating at our work sites at around 11:30am.
- March 7, 2010** **Lenten Reconciliation Service 7:00pm in the Church**
We need to see the whole class there!
- March 28, 2010** **NO CLASS (Palm Sunday)**
- April 11, 2010** **Session Seven: Confirmed in Grace & Witness (9:45-11:00pm, Cafeteria)**
From the Bishop:
The Sacrament of Confirmation, Its effects, and the Holy Spirit!
- April 25, 2010** **Session Eight: Confirmation Test Review**
- May 2, 2010** **Session Nine: Confirmation Test**
- May 10, 2010** **Confirmation Rehearsal**
Candidates and Sponsors 6:30pm in the Church
- May 11, 2010** **The Celebration of the Sacrament of Confirmation 6:30pm in the Church**
With Most Reverend Robert Baker, Bishop of Birmingham

Questions for Confirmation

1. What is a Sacrament?

The Sacraments are efficacious signs of grace, instituted by Christ and entrusted to the Church, by which divine life is dispensed to us by the work of the Holy Spirit. (United States Catholic Catechism for Adults) Please go over the explanation of this definition in paragraphs 2 through 5 on page 169 and paragraph 1 on page 170.

2. What are the names of the sacraments?

The seven Sacraments are Baptism, Confirmation, Eucharist, Penance or Reconciliation, Anointing of the Sick, Holy Orders and Matrimony.

3. Reflection on the subject of *Teenagers and Stewardship*.

What particular gifts do teen-agers bring to the Church and to the world?

What is the meaning of stewardship?

4. What is Confirmation?

Confirmation is a Sacrament of Initiation in which the bishop or a delegated priest confers Confirmation through the anointing of chrism on the recipient's forehead, which is done by the laying on of the hand, while saying, "Be sealed with the gift of the Holy Spirit". (United States Catholic Catechism for Adults)

5. Who is the Holy Spirit?

The Holy Spirit is the Third Person of the Blessed Trinity who builds up, animates, and sanctifies the Church and her members. (United States Catholic Catechism for Adults)

6. What are the effects of the Sacrament of Confirmation?

Confirmation completes the grace of Baptism by a special outpouring of the gifts of the Holy Spirit, which seals and confirms the baptized in union with Christ and calls them to greater participation in the worship and apostolic life of the Church. Confirmation invites us into a deeper stewardship relationship to Christ and responsibility in participation in the mission of Christ and His Church. (United States Catholic Catechism for Adults)

7. Name the seven gifts of the Holy Spirit.

Wisdom, Understanding, Right Judgment, Knowledge, Courage, Reverence, and Wonder and Awe. (Handing on the Faith).

8. Name the twelve fruits of the Holy Spirit.

Charity, Joy, Peace, Patience, Goodness, Kindness, Long Suffering, Humility, Faithfulness, Modesty, Contenance and Chastity (Handing on the Faith).

9. Name the Ten Commandments

(The Bishop will want to know which one means the most to you at this point in life)

1. I am the Lord your God: you shall not have strange Gods before me.
2. You shall not take the name of the Lord, your God, in vain.
3. Remember to keep holy the Lord's Day.
4. Honor your father and mother.
5. You shall not kill.
6. You shall not commit adultery.
7. You shall not steal.
8. You shall not bear false witness against your neighbor.
9. You shall not covet your neighbor's wife.
10. You shall not covet your neighbor's goods.

10. Name the commandments (precepts) of the Church.

(The Bishop will want to know which one means the most to you at this point in life)

1. Assist at Mass on Sundays and holy days of obligation, doing no unnecessary physical work on those days.
 2. Confess serious sins at least once a year.
 3. Receive Holy Communion frequently and, at a minimum, during the Easter season.
 4. Fast and abstain on days appointed.
 5. Contribute to the support of the Church.
 6. Observe the laws of the church concerning marriage and give religious training to one's children by word, example, and use of parish schools or catechetical programs.
 7. Join in the missionary spirit and work of the church.
- (Handing on the Faith).

Know the following prayers: (Handing on the Faith)

Prayer to Guardian Angel

Angel of God, my guardian dear,
to whom God's love commits me here,
ever this day, be at my side,
to light and guard, to rule and guide. Amen.

Morning Offering

O Jesus, through the Immaculate Heart of Mary,
I offer you all my prayers, works, joys, and
sufferings of this day for all the intentions of
Your most Sacred Heart,
In union with the most Holy Sacrifice of the
Mass throughout the world, in reparation for
my sins, for the intentions of all, and in
particular for the Holy Father's intentions.
I wish to gain all the indulgences
attached to the prayers I shall say and
the good works I shall perform this day.

Please properly catechize the Church's rich theology of Indulgence. The Latin word *indulgentia* means pardon.

Indulgence: The remission of temporal punishment due to sin, granted to the faithful who recite specified prayers, visit a specified place of pilgrimage, or engage in a specified act of charity; punishment is remitted through the power of the Church and in the mutual exchange of spiritual goods, particularly the merits of Christ and the saints. (United States Catholic Catechism for Adults).

The Sacrament of Baptism remits all sin and all punishment due to sin. The effects of the Sacrament of Reconciliation include reconciliation with God and the Church, peace of conscience and spiritual consolation, the remission of eternal punishment due to mortal sin as well as some degree of temporal punishment.

Every sin has consequences. It disrupts our communion with God and the Church, weakens our ability to resist temptation, and hurts others. The necessity of healing these consequences, once the sin itself has been forgiven, is called temporal punishment. Prayer, fasting, almsgiving, and other works of charity can take away entirely or diminish this temporal punishment. Because of the fullness of redemption obtained for us by Christ, the Church attaches to certain prayers and actions an *indulgence* or pardon, that is, the full or partial remission of temporal punishment due to sin. Christ, acting through the Church, brings about the healing of the consequences of sin when an individual uses such a prayer or engages in such an action. (United States Catholic Catechism for Adults)

PARENTS:
WE NEED AT LEAST
25 or more DRIVERS!

Please consider driving by checking
the volunteer driver box on
the permission form!



St. John Youth Ministry Confirmation Service Day

Meet in the CHURCH Saturday March 6, 2010 8:15am – 1:00pm

As part of our Parish Confirmation Program, St. John Youth Ministry is sponsoring a full morning of community service. The day is designed to expose young people to service opportunities in our area.

Here is a tentative list of service projects that is subject to change based on the need...

- **CASA** - We'll be working for the Care Assurance System for the Aged (CASA) in their Garden in Huntsville and maybe painting some Wheelchair Ramps!
- **WAREHOUSE WORK** - We'll be helping organize materials for the Asbury Thrift Store here in Madison!

***Is this mandatory?** We want to strongly encourage your participation in at least ONE of our Service Days, and remind you that this journey towards the Sacrament of Confirmation includes your commitment to serving God's people.

Please let Greg know of your plans by February 28th!



Please have your parents sign the
attached permission form and return it
to class on Sunday February 28th!



[] YES I CAN DRIVE! My vehicle can take _____ passengers!

**Diocese of Birmingham in Alabama
Parental/Guardian Consent Form and Liability Waiver**

Participant's Name: _____ Sex _____ Birth Date: _____

Parent(s): _____

Home Address _____

City _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____ Cel-Phone: _____

➤ I, _____ grant permission for my child (name of 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 and direction of parish employees from St. John's Catholic Church, Madison, Alabama. A brief description of the activity follows:

Date of event/activity: March 6, 2010

Type of event/activity: St. John's Confirmation Service Day

Destination of event/activity: Provided the Day of Service

Individual in charge of and responsible: Greg Thompson and Confirmation Team

Estimated time of departure and return: 8:00am – 1:00pm

Mode of transportation to and from event: Volunteer Vehicles

- *I do hereby further give consent for all emergency medical care (including surgery, if deemed necessary and recommended by at least two attending physicians) prescribed by a duly licensed physician for my child in the event of injury or illness to my child during the above named activity. This emergency medical care may be given under whatever conditions are deemed necessary, or whatever conditions may then and there exist, so as to preserve and protect the life, limb, health and well-being of my child.*
- *I do hereby agree to forever indemnify, exonerate, hold harmless and defend the owner and driver of the private motor vehicle, the parish, the pastor, and staff members and all youth ministry personnel, and the Bishop of Birmingham in Alabama, a corporation sole, and their respective successors in office, from all claims, demands, actions, and causes of action arising out of or in any way pertaining to any bodily injury or illness including death, incurred by my child during the course of any said activities, and including emergency medical and/or surgical treatment for my child and whether or not said claim, demand, action or suit is based on, or alleged to be based on, in whole or part, the negligence, wantonness, or other similar conduct of any of the Indemnities.*
- *This Indemnity applies, in all events, to the extent that such an injury, damage, illness, or death to my child is not covered by applicable or enforceable liability insurance available to The Indemnities. I assume all risks and hazards incidental to or attendant with my child's participation in the above named activity, and in each phase of it.*
- *I request that in the event of any medical or other emergency involving my child during the above named event, when neither myself or the child's other parent is readily available to be contacted by phone, that the adult supervisor contact the following person who will have authority to speak for me with respect to the emergency needs of my child.*

Required

Name: _____ Relationship: _____

Emergency Phone: _____

Signature of Parent: _____ Date: _____

(YOU MUST FILL OUT THE INFORMATION ON THE BACK AS WELL!)

MEDICAL INFORMATION

Family Physician: _____ Phone: _____

Family Health Plan Carrier: _____

Policy/Contact Number: _____

Name of Policy Holder: _____

Allergic Reactions (medications, foods, plants, insects, etc.) _____

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

Date of last tetanus: _____

Required

- 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 is as follows:

Signature: _____ **Date:** _____

Optional

- 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:** _____

Special Dietary Considerations: _____

Physical Limitations: _____

YOUTH SIGNATURE REQUIRED! CODE OF CONDUCT

- I hold that my child will conduct himself/herself in a proper manner and failure to abide by standard codes of conduct will cause my child to be dismissed from the above named event. I understand that this dismissal will require that I provide and or incur any costs for their transportation home from the event.

YOUTH Signature: _____ **Date:** _____

St. John's High School Youth Ministry

HSYM Youth Group: We meet most every Sunday from 6:45 – 8:30pm in the Youth Room!

“XLT” Exalt Scripture Study: We meet most every Wednesday from 7:00 – 8:30pm in the Youth Room!

**Some Summer Programming Ideas We're Exploring...
We'd like to know your interest level!**

Life Teen Catholic Camp for High School Students

Covecrest Camp in Tiger, Ga. - June 7-12

(Camp Cost: \$425) Deposits will be due in April.

Notre Dame Vision Leadership Program

University of Notre Dame - July 12-16

(Program Cost: \$425) Deposits will be due in late March.

Life Teen / Steubenville High School Youth Conference

Atlanta, Ga. - July 16-18

(Conference Cost: \$145, *not including food & lodging*)

Deposits will be due in late April.

Life Teen Inspiration Day (HSYM & JRYM)

Six Flags Over Georgia - August 28th

(Cost: \$40 **PLUS** transportation cost)

All Program information will be handled independent of one another, and deposit due dates will be need to be respected in order to reserve and commit to a spot. Most of the fee balances will be due within a month or less of the deposits. Hotel and transportation costs will be arranged and handled separately from the program, and only shared with those participating in that program!

St. John's Youth Ministry Mardi Gras Party

HSYM & JRYM Red Beans, Hockey & Pizza Evening!



Sunday, February 14th from 3:00 – 8:00pm
Signed Permission Form DUE
by Wednesday February 10th!



*Folks should plan to pay Greg a \$10 bill for the Hockey Ticket. You may want to send extra money for

BRING YOUR OWN MONEY
(About \$25 ought to cover it!)

*Folks will pay for their pizza & drink (About \$8) individually at CiCi's

Our Schedule for the Evening

- 3:00pm Arrive at the Youth Room
- 4:00 Depart for Havoc Hockey Game
at the Von Braun Center.
- 5:00 “Drop the Puck” & Share the
Mardi Gras Spirit by Throwin’ Beads!
- 7:00 Depart for CiCi’s Pizza on
University Dr. in Huntsville
and Enjoy a “Healthy” Pizza Dinner!
- 7:45 Depart for St. John’s Youth Room
- 8:00pm Parents Pick Up!

[] YES I CAN DRIVE!

Total Number of Passengers: ____

**Diocese of Birmingham in Alabama
Parental/Guardian Consent Form and Liability Waiver**

Participant's Name: _____ Sex _____ Birth Date: _____

Parent(s): _____ E-Mail: _____

Home Address _____

City _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____ Cel-Phone: _____

➤ I, _____ grant permission for my child (name of 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 and direction of parish employees from St. John's Catholic Church, Madison, Alabama. A brief description of the activity follows:

Date of event/activity: _____ **February 14, 2010**

Type of event/activity: _____ **HSYM/JRYM Pizza & Hockey Night**

Destination of event/activity: _____ **CiCi's Pizza (University Dr.) / VBC (Downtown) Huntsville, AL**

Individual in charge of and responsible: _____ **Greg Thompson**

Estimated time of departure and return: _____ **3:00pm – 8:00pm**

Mode of transportation to and from event: _____ **Volunteer Vehicles**

- *I do hereby further give consent for all emergency medical care (including surgery, if deemed necessary and recommended by at least two attending physicians) prescribed by a duly licensed physician for my child in the event of injury or illness to my child during the above named activity. This emergency medical care may be given under whatever conditions are deemed necessary, or whatever conditions may then and there exist, so as to preserve and protect the life, limb, health and well-being of my child.*
- *I do hereby agree to forever indemnify, exonerate, hold harmless and defend the owner and driver of the private motor vehicle, the parish, the pastor, and staff members and all youth ministry personnel, and the Bishop of Birmingham in Alabama, a corporation sole, and their respective successors in office, from all claims, demands, actions, and causes of action arising out of or in any way pertaining to any bodily injury or illness including death, incurred by my child during the course of any said activities, and including emergency medical and/or surgical treatment for my child and whether or not said claim, demand, action or suit is based on, or alleged to be based on, in whole or part, the negligence, wantonness, or other similar conduct of any of the Indemnities.*
- *This Indemnity applies, in all events, to the extent that such an injury, damage, illness, or death to my child is not covered by applicable or enforceable liability insurance available to The Indemnities. I assume all risks and hazards incidental to or attendant with my child's participation in the above named activity, and in each phase of it.*
- *I request that in the event of any medical or other emergency involving my child during the above named event, when neither myself or the child's other parent is readily available to be contacted by phone, that the adult supervisor contact the following person who will have authority to speak for me with respect to the emergency needs of my child.*

Required

Name: _____ Relationship: _____

Emergency Phone: _____

Signature of Parent: _____ Date: _____

(YOU MUST FILL OUT THE INFORMATION ON THE NEXT PAGE AS WELL!)

MEDICAL INFORMATION

Required

Family Physician: _____ Phone: _____

Family Health Plan Carrier: _____

Policy/Contact Number: _____

Name of Policy Holder: _____

- 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 is as follows:

Signature: _____ **Date:** _____

Optional

- 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:** _____

OTHER INFORMATION

Allergic Reactions (medications, foods, plants, insects, etc.) _____

Date of last tetanus: _____

Special Dietary Considerations: _____

Physical Limitations: _____

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

CODE OF CONDUCT

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Youth Signature
