**Sacramental Preparation Programme**

**Confirmation Registration/Consent Form**

Tel: 018353149 email: [info:@ashbourneparish.ie](mailto:ashdon@indigo.ie)

“By the sacrament of Confirmation, the baptised are more perfectly bound to the Church and are enriched with a special strength of the Holy Spirit. Hence, they are, as true witnesses of Christ, more strictly obliged to spread and defend the faith by words and deed” (*Lumen gentium, 11).*

**Parish Activity:** Ashbourne-Donaghmore Parish Catechetical Programme

**Name of Group Leader/Responsible Person(s)** (1) Fr. John Nally; (2) Fr. Ciarán Clarke

**Location:**  St. Finian’s Classroom, Parish Office, Frederick Street, Ashbourne.

**Name of Child**:

**Address:**

**Parent/Guardian’s Mobile Telephone Number:**

**Email:** (Block Letters)

**Date of Birth:**

**Attending School:** (please tick)

**Educate Together NS** 🞎 **Gaelscoil na Mí** 🞎

**Ashbourne Community National School** 🞎

**Sacramental Class:** (please tick) **Confirmation I** 🞎 **Confirmation II** 🞎

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| --- | --- | --- |
| **Emergency Contact Information**  **Emergency Contact Name (1)**  …………………………………………….  **Telephone Number (1)**  …………………………………………….  **Emergency Contact Name (2)**  …………………………………………….  **Telephone Number (2)**  …………………………………………….  N.B. If these numbers change during the year the Parish Office **must** be notified.  Please indicate whether you give your permission for the child to receive medical treatment if needed. Please tick:  Y 🞏 N 🞏 |  | **Sacramental Information**  **Has your child completed sacramental preparation for First Confession and First Holy Communion in Ashbourne-Donaghmore Parish?**  Y 🞏 N 🞏 *(Please tick)*  If **yes**, please include a copy of the Completion Certificate for Year II of the Programme with this form.  If **no**, please provide the name of the school and parish where sacramental preparation for First Confession and First Holy Communion was completed:  In answering no, the following documentation should be included with this Registration Form:   * Baptism Certificate * Letter from school/parish verifying the candidate has received the Sacraments of First Confession and First Holy Communion. * Letter of permission from your Parish Priest approving religious instruction outside your parish of residence. |
| **Medical Information**  Please give details of any medical condition of which volunteers ought to be aware, and include details of any medication which has to be taken.  ……………………………………………………..  ……………………………………………………..  Please give details of any specific dietary or medical needs of this child. (*This information will be treated in confidence*.)  ……………………………………………………..  ……………………………………………………..  **Special Needs Requirements**  Does your child have any specific learning needs?  Y 🞏 N 🞏 *(Please tick)*  If yes, please specify their **learning needs** and the special support they currently receive.  ……………………………………………………..  ……………………………………………………..  ……………………………………………………..  **Please note:** the organisers cannot administer any medication without specific written consent from the parents. Should your child require medication or intimate care, please discuss this with the organisers who will work with you to establish how your child can be accommodated, according to relevant policies and procedures. |  | **Candidate Covenant**  *Please read the following covenant carefully, and sign below*.  Image result for Confirmation CandidateI confirm that I am requesting the Sacrament of Confirmation of my own free will, and that I enter this sacramental preparation programme having a desire to personally and publicly confirm my baptismal promises. I understand that I may withdraw from the programme if my desire to be confirmed changes at any point during the programme, or if the Preparation Team deem I am not ready. I understand that I must complete certain programme requirements in order to be admitted to the Sacrament of Confirmation, including but not limited to: attendance at weekly scheduled classes, regular attendance at Sunday Mass, participation in a pre-Confirmation Retreat, attendance at the Sacrament of Confession, adherence to the Church’s requirements when it comes to choosing a Sponsor and Confirmation Name, adherence to the Code of Behaviour set down in the Parish Policy, participation in the Parish-Links programme – ‘Confirming our Children’, attendance with my Sponsor at the Candidate/Sponsor meeting, participation in the Confirmation rehearsal, participation in the Confirmation liturgy; and adherence to the parameters of good conduct and appropriate behaviour in class and the church.  I have read, fully understand and agree to the above covenant.  **Candidate’s Signature:**  **Date**: |

**CHILD’S CONSENT**

I, (insert full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

♦ understand that photographs may be taken during the group activities, and I give my permission for these to be used in any hard copy/online publications by Ashbourne-Donaghmore Parish.

♦ understand that videos (which may include webcam) may be taken during the group activities, and I give my permission for these to be used in any hard copy/online publications by Ashbourne-Donaghmore Parish.

♦ understand that during group activities I will be appropriately supervised at all times.

**Signed:** **Date:**

**PARENTAL CONSENT**

* I have received and read the parish policy on after school classes concerning the above activity. I have received and read the code of behaviour for children taking part in this Church-related activity. I accept and agree to abide by the terms and conditions set down in parish safeguarding procedures and the programme itself.
* I hereby give permission for my son/daughter to participate in the above activity.
* If my contact details change during the year I will advise the Parish Office of same.
* I also give permission for group leaders/catechists/parents cleared to assist with supervision to make any necessary emergency decisions during this activity in my absence. I further agree to release the above named parish, the Catholic Diocese of Meath, priests of the parish, parish volunteers, catechists and administrators from all legal liability for accidental injuries as a result of participation in this programme.
* I understand that non-compliance with the Parish Programme policy may result in dismissal of the candidate from the programme.
* If my child does not complete the minimum number of classes I cannot expect him/her to receive the sacrament.
* I understand how the parish sacramental classes work and the obligation on me as a parent to bring my child to Mass.
* I accept that my child may be included in photos/videos/web-cam from Church-related events that might be published by the parish in the church porch/ parish website/ parish newsletter.
* I accept and agree to comply with Ashbourne-Donaghmore Parish’s policy concerning Data Protection as outlined in the sacramental programme policy (n.87).
* I agree to the payment of the required contribution towards the provision of the programme for my child.
* I understand and accept the canonical requirements concerning the selection of a sponsor for my child, and I agree to adhere to the diocesan guidelines concerning the choice of a Confirmation Name (n.75-80).
* I consent to my child’s participation in the pre-Confirmation Retreat, the Sacrament of Confession, and the parish-links programme, ‘Confirming our Children’.
* I understand the Parish Priest in consultation with the Catechist determines the eligibility of a candidate to receive the Sacrament of Confirmation.

**Signed:** ..………………………………… **Signed:** …………………………………

(Parent/Guardian) 1 (Parent/Guardian) 2

**Block Letters:** …………………………… **Block Letters:** ….…………….…………….

**Date:** ………………………… **Date:** ………………………..

**GARDA CLEARANCE**

***In compliance with Diocesan procedures for supervision, all volunteers working with children require Garda Vetting through the Diocese of Meath. Please indicate your willingness to assist with supervision.***

**I am available to assist with supervision for the sacramental preparation classes for Confirmation, subject to Garda Vetting.** (Please tick)

**Yes 🞎 No 🞎 Yes 🞎 No 🞎**

(Parent/Guardian) 1 (Parent/Guardian) 2

(All information contained on this form is for parish use only)

All Confirmation Registration Forms are due to the Parish Office immediately.

Please be advised late return of forms will incur a late-registration fee as per programme policy.

**Data Protection: This form will be held on file in accordance with the data protection policy of the Diocese of Meath. The data entered will be used only for the purposes indicated on the form. It may be accessed only by those with responsibility for managing files.**

**For Office Use Only:**

**Date Registration Form Received:**

**Annual contribution included**: 🞏 **Amount:**

**Late Registration Fee applied:** 🞏

**Documentation:**

Year II Completion Certificate – Ash-Don Sacramental Preparation Programme 🞏

Baptism Certificate 🞏

Parish letter verifying candidate has received FC & FHC 🞏

Parish letter approving instruction outside parish of residence 🞏