



14951 North Haggerty Road
Plymouth, MI 48170-2756
(734) 420-0288
www.stkenneth.org

April 23, 2018

Dear future 7th grade students and Parents,

Pre-Confirmation preparation is offered to all Saint Kenneth seventh grade students. Classes will begin in September and run approximately twice each month on **Wednesday evenings, 6:00-8 p.m.**, through March. This program is to better prepare you for Confirmation in eighth grade. The program we will be using is called Decision Point. The program has a free app if you'd like to look at the material prior to class. Unlike 6th grade LOGOS, Pre-Confirmation does not have a meal but, there will be a break and a snack will be provided. Each student will receive a workbook that will stay at Saint Kenneth's until the last class. The program is a combination of workbook activities, videos, journaling, and table discussions. This is where parents come in; we will need at least 10 table parents to be at every session to help facilitate the discussions and keep students on task.

Please make note, 7th grade Pre-Confirmation is ONLY offered on Wednesdays (about 2 times a month).

The Pre-Confirmation registration form follows this letter. Please have a discussion with your student about the importance of these classes to better prepare for the final sacrament of initiation in the Winter of 2020. If you have questions, please feel free to call the parish office or e-mail me at joanna@stkenneth.org. There will be an initial **PARENTS ONLY** meeting on September 12, 2018 at 6:00 p.m. in the Saint Kenneth/Patrick room. At this meeting, we will discuss the program format, expectations and answer any questions you may have. I look forward to continuing your students faith formation here at Saint Kenneth.

Sincerely,

Joanna Vaghy

Logos and Youth Ministry
Saint Kenneth Catholic Community
734-927-1253

Saint Kenneth Catholic Community

7th Grade Pre-Confirmation

2018-2019 Registration

Date: _____

Family Name: _____

E-Mail: _____

Address: _____

City/Zip: _____

Home Phone: _____

Cell Phone: _____

Mother's Name: _____

Father's Name: _____

Single Parent Home: Yes No

Child Resides With: _____

Wednesdays 6:00-8:00pm

<u>Student's Name</u>	<u>7th grade</u>	<u>School Name</u>
M F _____	_____	_____
Special Needs: medical, learning disabilities, allergies: _____		
M F _____	_____	_____
Special Needs: medical, learning disabilities, allergies: _____		
M F _____	_____	_____
Special Needs: medical, learning disabilities, allergies: _____		

Parent Commitment (please indicate first and second choice)

___ Table Parent ___ Snack Help

Parent Volunteer Name: _____

Emergency Contact: _____ Phone: _____
(other than parent)

During the course of the year, we may take pictures that involve your child. May we put these pictures in the church bulletin and/or on our website? No names will be listed.

___ Yes ___ No Signature: _____ Date: _____

Registration Fee: \$80.00 per child
Checks payable to: **Saint Kenneth Faith Formation**
Amount Paid: _____ Check here to bill later:

OFFICE USE ONLY:

DATE:

Amount paid

Check/cash

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: _____

Address of Minor: _____ City: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments:

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)