

**RITE OF CHRISTIAN INITIATION OF ADULTS FOR TEENS
(RCIA)**

WHO: Any high school teen who is interested in being baptized, joining the Catholic Church, and/or interested in receiving First Communion (Eucharist).

WHEN: Sundays, September 24, 2017 – April 22, 2018, 9:15 a.m. – 11:30 a.m.

WHERE: St. Paul Youth Education Center (by the Community Center)

CONTACT: Michelle Weekley, Pastoral Associate in charge of Youth, 733-7152, ext 128

Baptism, First Communion (Eucharist) and Confirmation will be received at the Easter Vigil Mass on March 31st (but must still attend classes through April)

Fee: \$30 for per child
\$100 max per family

Amount Paid:
Cash _____
Check _____

(Maximum fee of \$100 per family, preschool thru high school. The inability to pay the fee will not prevent any child from participating in our Program.)

- I would like to give an additional donation to assist another family in the religious education of their children. Amount donated: _____

RCIA FOR TEENS

NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ ZIP _____

PARENT'S PHONE NO. _____ SCHOOL _____ GRADE _____

PARENT'S NAME _____ PARENT'S EMAIL _____

Are you baptized in the Christian faith? _____ If yes, give name and address of church of baptism and **bring in copy of baptismal certificate.**

Are you already Catholic? _____ If yes, **bring in copy of baptismal certificate.**

Have you received First Communion (Eucharist)? _____

Have you celebrated the Sacrament of Reconciliation? _____ If yes, how long ago? _____

Have you chosen your Godparents or sponsors? _____ If yes, give their names

For Office Use

Recorded in Sacramental Registry
 Baptismal Book
 1st Communion Book
 Confirmation Book
 Church of Baptism Notified
 Certificate(s) Prepared

**ST. PAUL RELIGIOUS EDUCATION
MEDICAL CONSENT AND PERMISSION TO TREAT**

SCHOOL YEAR 2017-2018

My child is in the care of St. Paul's Religious Education Program for the purpose of this Religious Education activity.

I am giving medical permission and consent to treat.

To the best of my knowledge, my daughter/son, _____,
is in good health, and I assume all responsibility for the health of my child.

In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Parent/Guardian's Name _____

Home Address _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

If you are unable to reach me, please contact:

Name _____

Relationship to me or my child

Home Phone _____ Work Phone _____ Cell Phone _____

Please include a photocopy of your insurance card, front and back.

Insurance Carrier _____ Policy Number _____

My child is taking the following medication(s):

I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) to be given to my child if necessary.

I understand that aspirin will not be given to my child without my express permission. I grant such permission ____yes ____no.

My child is allergic to the following: _____.

My child's immunizations are current and up-to-date ____yes ____no.

My child has the following limitations: _____.

Please explain: _____

Signature of
Parent/Guardian _____ Date _____

CONFIRMATION FORM

IMPORTANT: You must turn in to the Religious Education Office a copy of your **BAPTISMAL CERTIFICATE** and this **FORM** before you receive the Sacrament of Confirmation. If you were baptized at St. Paul, we do not need a copy of the certificate. Just complete this form.

Please complete the following with information as shown on your Baptismal Certificate. Pay special attention to questions marked with an asterisk (*).

*CANDIDATE'S NAME: _____

CONFIRMATION NAME: _____

*DATE OF BIRTH: _____ AGE: _____

*CITY OF BIRTH: _____ *STATE: _____

*DATE OF BAPTISM: _____

*CHURCH OF BAPTISM: _____

*STREET ADDRESS: _____

*CITY: _____ *STATE: _____ *ZIP: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ PARENT'S WORK PHONE: _____

*FATHER'S FULL NAME: _____

*MOTHER'S FIRST AND **MAIDEN** NAME: _____

*SPONSOR'S NAME _____

THIS FORM MUST BE FILLED OUT COMPLETELY.

For Office Use

____ Certificate Prepared

____ Recorded in Confirmation Book

____ Church of Baptism Notified

**DRESS CODE REQUIREMENTS
ST PAUL PARISH MASSES AND EVENTS**

*All of the ceremonies and masses during the preparation for the reception of Sacraments require appropriate dress. These are sacred and special times for the candidates as well as for their families. The attention should be on the ceremonies and masses. Candidates' clothing should **not** call attention from the ceremonies and masses. With this objective in mind, the following dress code will be adhered to for **all** ceremonies and masses (to include the Rite of Welcome and the Rite of Election), this also includes the dress for the Sponsors. .*

BOYS

SUIT

SPORTS JACKET/DRESS SLACKS

CASUAL SLACKS/DRESS SHIRT

DRESS SHOES

NO T-SHIRTS

NO JEANS

NO ATHLETIC SHOES OR FLIP FLOPS

GIRLS

DRESS *

SKIRT/BLOUSE *

PANTSUIT

DRESS SHOES

NO T-SHIRTS

NO JEANS

NO ATHLETIC SHOES OR FLIP FLOPS

*** PLEASE NOTE THE FOLLOWING:**

A) SKIRTS ARE TO BE NO SHORTER THAN 2 INCHES ABOVE THE KNEE

B) NO LOW CUT OR STRAPLESS DRESSES OR BLOUSES (INCLUDING SPAGHETTIE STRAPS) – No cleavage should be visible and shoulders should not show!

Thank you for your cooperation with this Dress Code. If you have any questions, please do not hesitate to call Michelle Weekley at 733-7152, ext. 128.

I have read and understand the above Dress Code Requirements and agree to abide by them for all classes, masses and events.

Candidate signature

Parent Signature

2017-2018
HIGH SCHOOL RCIA PROGRAM CALENDAR

September 10 – Parent Meeting

September 24 – First Day of Class in session

Period of Inquiry

October 1 – No Class Due to Parish Festival

October 8 – Class in session

October 15 – Class in session

October 22 – Class in session

October 29 – Class in session

November 5 – Class in session

November 12 – Class in session

November 19 - Class in session

November 26 – No Class – Thanksgiving Holiday

December 3 – Class in session – **Rite of Acceptance and Welcome at the 10:30 am mass (mandatory)**

Period of the Catechumenate

December 10 – Class in session

December 17 – Class in session

December 24 – No Class – Christmas Holiday

December 31 – No Class – New Year’s Holiday

January 7 – Class in session

January 14 – Class in session

January 21 – Class in session

January 28 – Class in session

February 4 – No Class – Confirmation/Spring Retreat (may be changed)

February 11 - Class in session

February 14 – Ash Wednesday

Period of Purification & Enlightenment

February 18 – Class in session

February 25 – Class in session

(Rite of Election TBD – more information to come)

March 4 – Class in session - **1st Scrutiny (mandatory)**

March 11 – Class in session - **2nd Scrutiny (mandatory)**

March 18 – Class in session – **3rd Scrutiny (mandatory)**

March 25 – Class in session – Palm Sunday

March 31st – Easter Vigil (more information to come)

April 1 – No Class – Easter Sunday

April 8 – Class in session – **Fiesta of Mercy**

Period of Mystagogia

Page 2

Teen RCIA Calendar 2017-2018

April 15 – Class in session

April 22 – Last Class in session – **you will receive your certificates.**

Students can only miss 3 classes or they may not receive their sacraments and will have to attend classes the next year. **If you have to miss a class – contact Michelle Weekley at 733-7152, ext. 128 or email mweekley@saintpaulsa.org .**