



Dear 7th Grade Class Confirmation Family,

Warm greetings! Hope you are all doing well.

As the new school year begins, it's time for many families to consider enrolling their children in our Confirmation Preparation Program. This is a meaningful opportunity to help your child grow in their faith and prepare to receive the Sacrament of Confirmation.

Confirmation is a vital step in a young person's spiritual journey. It deepens their relationship with Christ, strengthens their bond with the Church, and calls them to live out their faith with greater conviction and joy. It is a moment of grace and commitment that we are honored to walk with your family through.

Children who are in the 7th Grade Class, have been baptized, and have received the Sacrament of the Eucharist are eligible to participate in this year's program. To ensure your child is enrolled, please complete the registration and submit all required forms by the deadline: October 6.

We will also have our required Parents Orientation on Sunday, October 11, from 3:30 PM to 4:30 PM in the church. During this session, we'll go over key program requirements, calendar dates, and what to expect during this special time of preparation.

We pray this school year brings inspiration, growth, and beautiful memories for your family. If you have any questions, please don't hesitate to reach out to me via the contact information below.

Thank you, and I look forward to a wonderful and blessed year ahead with you all!

Take care and God bless,
Ed

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Ed Ibarra  
Catechetical Director  
Email: [eibarra@stmartin.org](mailto:eibarra@stmartin.org)  
Phone: (408) 294-8953 ext. 321

# St. Martin of Tours Church



People Ministering to People

For office use:

Paid: \_\_\_\_\_ Check # \_\_\_\_\_

Date: \_\_\_\_\_

## St. Martin of Tours Church Youth Confirmation Registration Form

2026-2027

**FULL NAME OF CANDIDATE as it appears on Baptism certificate. PLEASE PRINT LEGIBLY.**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail (if any): \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Parish of Baptism: \_\_\_\_\_

Parish Address: \_\_\_\_\_

**\*Proof of Catholic baptism is required for the sacrament of Confirmation. Please submit a copy of your child's baptism certificate, unless your child was baptized at St. Martin of Tours.**

Date of First Holy Communion: \_\_\_\_\_

Parish of First Holy Communion: \_\_\_\_\_

Parish Address: \_\_\_\_\_

**\*Proof of receiving First Holy Communion is required for the Sacrament of Confirmation. Please submit a copy of your child's First Holy Communion certificate, unless your child received his/her First Holy Communion at St. Martin of Tours.**

Please list any known allergies that the candidate has:

\_\_\_\_\_

**\*Please submit the attached Participant Waiver form with this registration form.**

## PARENT INFORMATION

Father's Name: \_\_\_\_\_ Catholic: Yes/No

E-mail: \_\_\_\_\_ Telephone # \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Catholic: Yes/No

E-mail: \_\_\_\_\_ Telephone # \_\_\_\_\_

## SPONSOR INFORMATION

Name of student's Confirmation sponsor: \_\_\_\_\_

E-mail: \_\_\_\_\_

**(Sponsor must be at least 16 years old and fully initiated in the Catholic Church. The sponsor cannot be a parent of the student.)**

## PHOTO/VIDEO RELEASE:

Occasionally pictures are taken during events and gatherings. We would like to be able to use these photographs for newsletters, flyers, and the parish website. Concerns about published pictures should be expressed to St. Martin of Tours and will be promptly dealt with. I authorize and give full consent, without limitation or reservation, to St. Martin of Tours Parish to publish any photographs/videos in which my child appears while participating in any program of Faith Formation. No compensation is to be given.

Please write out your name below if you give consent to the Photo/Video Release

\_\_\_\_\_ Date: \_\_\_\_\_

## CHECKLIST

\_\_\_\_\_ **Copy of Baptism Certificate** (if student was not baptized at STM)

\_\_\_\_\_ **Copy of First Communion Certificate** (if student did not receive First Communion at STM)

\_\_\_\_\_ **Participation Program Waiver Form**

\_\_\_\_\_ **Consent and Release Form – Virtual Media for Children & Youth**

If you have any questions, please contact Ed Ibarra (Catechetical Director):

Email: [eibarra@stmartin.org](mailto:eibarra@stmartin.org)

Phone: (408) 294-8953 Ext. 321

“The Spirit of the LORD will rest on  
and of understanding, the Spirit of  
Spirit of the knowledge and fear of the  
Isaiah 1:2



him— the Spirit of wisdom  
counsel and of might, the  
LORD”—



## **Participant Activity Waiver Form**

### General Liability

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |
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| <b>Parish/School/Location Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |
| Location Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Location #:       |
| Location Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Telephone:        |
| Contact Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Facsimile:        |
| <b>NOTICE TO ALL PARISH/SCHOOL ADMINISTRATORS – THE WAIVER MUST BE KEPT ON FILE AT THE PARISH/SCHOOL IN CASE OF AN EMERGENCY. IF AN INCIDENT DOES OCCUR, PLEASE REPORT ALL INCIDENTS TO THE DIOCESAN CFO ADMINISTRATOR ASSISTANT, <a href="mailto:SUZANNE.BALISTRERI@DSJ.ORG">SUZANNE.BALISTRERI@DSJ.ORG</a> WITHIN 24 HOURS. A NEW WAIVER MUST BE FILLED OUT, SIGNED AND KEPT ON FILE ANNUALLY.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |
| <b>Participant Personal Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |
| Participant Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Phone:            |
| Home Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Email:            |
| Medical Plan Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Policy Number:    |
| Medical Plan Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Phone:            |
| Emergency Contact Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Phone:            |
| Emergency Contact Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Phone:            |
| <b>Activity Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |
| Date of Activity:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Name of Activity: |
| Description of Activity:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |
| <b>Waiver Authorization</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |
| FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |
| <p>TO THE EXTENT PERMITTED BY LAW, I HOLD THE PARISH/SCHOOL AND DIOCESE OF SAN JOSE HARMLESS FROM ANY CLAIM OF INJURY, SICKNESS, ILLNESS OR DAMAGE THAT I /MY CHILD MAY SUFFER OR SUSTAIN DURING THE ACTIVITY LISTED ABOVE, WITH EXCEPTION TO INJURY OF DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE PARISH/SCHOOL OR DIOCESE OF SAN JOSE. I ATTEST THAT I AM/MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT.</p> <p>IN THE EVENT THAT I/MY CHILD BECOME(S) ILL OR INJURED, I DO HEREBY CONSENT TO WHATEVER MEDICAL TREATMENT(S), INCLUDING BUT NOT LIMITED TO X-RAY, EXAMINATION, OR HOSPITAL CARE, CONSIDERED NECESSARY IN THE BEST JUDGEMENT OF THE ATTENDING PHYSICIAN AND PERFORMED BY OR UNDER THE SUPERVISION OF A MEMBER OF THE MEDICAL STAFF OF THE HOSPITAL AND/OR OTHER MEDICAL FACILITY PROVIDING THE TREATMENT. I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR ME/MY CHILD TO PARTICIPATE IN ANY ACTIVITY ASSOCIATED WITH THIS EVENT.</p> |                   |

*Also, I acknowledge the inherent risks of exposure to COVID-19, or other infectious virus or disease and voluntarily assume the risk that I/my child may be exposed to or infected by COVID-19, or other infectious virus or disease, by participating in this activity.*

*I/my child understand that the PARISH/SCHOOL AND DIOCESE OF SAN JOSE have put in place rules and precautions to mitigate the spread of COVID-19. While acknowledging that these rules and precautions may or may not be effective in mitigating the spread of COVID-19, I/my child agree to comply with such rules and precautions which may include, but are not limited to, wearing a face covering, hand washing, and hand sanitizing.*

*I agree that if I am/my child is exhibiting symptoms of illness such as cough, shortness of breath or difficulty of breathing, fever, chills, muscle pain, headache, or sore throat, I/my child will seek medical attention as needed, and refrain from attending the mentioned activity until I get/my child gets better.*

*I/my child hereby release and agree to hold PARISH/SCHOOL AND DIOCESE OF SAN JOSE harmless from, and waive on behalf of myself/my child, my heirs, and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself/my child and/or property that may be caused by any act, or failure to act of the PARISH/SCHOOL AND DIOCESE OF SAN JOSE, or that may otherwise arise in any way in connection with any participation of activities WITH EXCEPTION TO INJURY OR DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE PARISH/SCHOOL OR DIOCESE OF SAN JOSE.*

*I/my child understand that this release discharges the PARISH/SCHOOL AND DIOCESE OF SAN JOSE from any liability or claim that I/my child, my heirs, or any personal representatives may have against the parish with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any participation in activities WITH EXCEPTION TO INJURY OR DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE PARISH/SCHOOL OR DIOCESE OF SAN JOSE.*

*This liability waiver and release extends to the PARISH/SCHOOL AND DIOCESE OF SAN JOSE together with its clergy, staff, volunteers, and other participants.*

Participant Signature:  
(Parent signature if participant is under 18)

Date Signed:

**Internal Use Only**

Waiver Received By:

Date Received:



Parish: St. Martin of Tours

Date: \_\_\_\_\_

Dear Parent or Legal Guardian,

Parish program(s) are providing virtual programming and content for its participants, through which staff will facilitate program activities through online platforms. The program(s) will use software, tools and applications provided by third-parties that participants, parents/legal guardians, volunteers and/or staff will access via the internet and use for purposes of communication and programming and potential content creation. These platforms may include but are not limited to Zoom, GoToMeeting, Google Classroom, Facebook, YouTube, etc.

This Form provides your consent and release for your child to participate in the program(s) and utilize these online applications for distance-based, virtual program purposes. Please be aware that each application collects different information about its users and has its own privacy terms and conditions to which members must adhere and which parish or diocese cannot control or assume responsibility. Please review these carefully before registering your child.

Our commitment to keeping the children and youth we serve safe is always our number one priority. To that end, we will actively monitor participant activity. All online activities contemplated hereunder must also comply with the Diocese of San Jose Safe Environment and Technology Policies including the Code of Conduct guidelines and the Diocesan Social Media policy.

Below, please find your AUTHORIZATION, CONSENT AND RELEASE FOR SOCIAL MEDIA OR OTHER ELECTRONIC COMMUNICATION INVOLVING MINORS FORM.

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_.  
Full Name of Parent/Legal Guardian Full Name of Minor

I have received and reviewed the Diocese of San Jose Safe Environment and Technology Policies including the Code of Conduct guidelines and the Diocesan Social Media policy.

I understand that I will have access to everything provided to my child, be made aware of how social media is being used, and be told how to access the sites.

I authorize and consent to the Parish Catechetical Leader and the assigned team leader(s) of the Parish to communicate with my child electronically, including via social media, text, email, phone and video conferencing tools (e.g. Zoom) in accordance with the program(s). In some instances, I am aware that recording may be necessary and under prior notification I consent for my child(ren) to be photographed and/or videotaped during this class/program.

I acknowledge that to review or receive public communications shared via social media with my child, I will need to become a fan or follower of the same social media (for parishes/schools using these tools). I understand that communications or posts may be accessible or viewable by others who are also fans or followers of the same social media.



I understand that without this consent my child will not be able to participate in the virtual programming.

If I choose to rescind my authorization and consent provided herein, I agree that I will inform the Parish listed above in writing and that my rescission will not take effect until it is acknowledged by the Parish.

I understand, however, that it may not be possible to recall any work, photos or videos that have been published as part of the program(s) prior to receipt of my written rescission.

I have read this Consent and Release Form and have had the opportunity to consider its terms and understand them. I verify that I have read and voluntarily agree to the terms and conditions of the Consent and Release Form – Virtual Media for Children & Youth from the Diocese of San Jose.

I further hereby hold harmless, release and forever discharge the Diocese of San Jose and its employees, agents, licensees and legal representatives from, and shall indemnify them against, all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators or any other person(s) acting on my behalf or on behalf of my estate have or may have by reason of my Child's participation in the program(s) and through my authorization, consent and release herein.

I have read this Consent and Release Form, I fully understand it, and I voluntarily agree to be bound by its terms. I represent and certify that I am the parent or legal guardian of the minor.

I Agree Yes \_\_\_\_\_ or No \_\_\_\_\_

Parent/Legal Guardian Name (REQUIRED): \_\_\_\_\_

Email (REQUIRED): \_\_\_\_\_

Telephone (REQUIRED): \_\_\_\_\_

Address (REQUIRED): \_\_\_\_\_

City (REQUIRED): \_\_\_\_\_

State: CALIFORNIA

## SACRAMENT OF CONFIRMATION REQUIREMENTS

### Youth who are being prepared for the Sacrament of Confirmation:

- Must be at least in the 7<sup>th</sup> grade.
- Have received the Sacraments of Baptism and Eucharist.
- Have a sponsor. The sponsor must be at least 16 years old, be a Catholic who has been confirmed and has received the Eucharist and who leads a life of faith in keeping with the function to be taken on. The sponsor cannot be the father or mother of the one to be confirmed.

### SESSION ATTENDANCE:

- St. Martin of Tours school children will prepare for the Sacrament of Confirmation during their weekly Religion classes. Please follow the school's attendance policy.
- Children who are preparing through the Parish Youth Confirmation Program must attend all scheduled Sunday Sessions.
- Families must attend the Family Faith Nights, and other events indicated on the calendar.
- In the event of personal illness or family emergencies, please inform the Catechetical Director of the student's absence as soon as possible. Please also inform the Catechetical Director of any anticipated absences, and a valid reason for the absence.

### Regular Sunday Mass Participation

- The Sunday Eucharist is the source and summit of our Catholic faith and the foundation of the Christian life. Through the celebration of the Mass, we encounter Jesus in His Word and in the Eucharist, grow together as the Body of Christ, and are strengthened to live as His disciples. **Regular participation in Sunday Mass is an essential part of preparation for the Sacrament of Confirmation.**
- Parents are the primary educators of their children in the faith. As part of your child's Confirmation preparation, **we ask every family to faithfully participate in Sunday Mass throughout the year.** Faith Formation classes help candidates deepen their understanding of the Catholic faith, but it is through regular participation in the Sunday Eucharist that their faith is lived, nourished, and strengthened, preparing them to receive the gifts of the Holy Spirit and to embrace their mission as fully initiated members of the Church.

## **DISCIPLESHIP:**

Pope Francis states in The Joy of the Gospel (*Evangelii Gaudium*) that by virtue of Baptism, all are called to be missionary disciples. Missionary discipleship is the primary focus of Confirmation. Preparation for Confirmation relies on basic faith formation that intentionally leads into discipleship.

During the preparation process, candidates must partake in at least ONE discipleship experience of their choice. Our parish offers discipleship opportunities in the following areas:

- Serving at Sunday Mass as an usher, lector, and/or altar server
- Volunteering for our parish food box program
- Assisting during Children's Liturgy of the Word at the 10:30 AM Mass
- Singing in the Sunday Mass choir

Parish youth volunteers between the ages of 14 and 18 are required to take the Safe Environment Course via the VIRTUS online "Healthy Relationships for Teens" course every three years as mandated by the Diocese of San Jose. You can find the online course at [www.virtusonline.org](http://www.virtusonline.org). At the end of the session, you can print out the certificate, and send it to the parish office.

## **RECEIVE THE SACRAMENT OF RECONCILIATION:**

All candidates must participate in the Sacrament of Reconciliation as part of the immediate preparation for the celebration of Confirmation.

## **REQUIRED SAFE ENVIRONMENT SESSION:**

Every child K to 12th grade who participates in the parish faith formation program is required to attend the VIRTUS Catholic Safe Environment session. If you do not wish for your child to participate, parents/guardians must complete and submit the Parent Opt Out form, which will be provided during the Parent Orientation. **St. Martin of Tours school students will receive training in their school.**

**Book provided by our parish:** Anointed in the Spirit (St. Mary's Press)

## 2026-2027 7<sup>th</sup> GRADE STM CONFIRMATION SESSION CALENDAR

| <u>DATE</u>       | <u>TIME</u>                         | <u>TOPIC</u>                                                      |
|-------------------|-------------------------------------|-------------------------------------------------------------------|
| <b>October 11</b> | <b>3:30 PM – 4:30 PM (Church)</b>   | <b>Parent Orientation (Required)</b>                              |
| October 19        | Religion Period in School           | Class – Introduction to Sacrament of Confirmation                 |
| October 26        | Religion Period in School           | Class – Chapter 1: Being a Candidate                              |
| November 2        | Religion Period in School           | Class - Chapter 2: Baptism – Waters of New Life                   |
| November 9        | Religion Period in School           | Class - Chapter 3: Renewing Baptismal Promises                    |
| November 30       | Religion Period in School           | Class – Prepare for Rite of Welcome                               |
| <b>December 2</b> | <b>5:00 PM (Gym/Church)</b>         | <b>Family Faith Night (Required), details TBD</b>                 |
| <b>December 6</b> | <b>10:30 AM Mass (Church)</b>       | <b>Rite of Welcome (Required with Sponsor/Proxy)</b>              |
| December 14       | Religion Period in School           | Class – Preparing for Christmas                                   |
| January 11        | Religion Period in School           | Class - Chapter 4: The Laying on of Hands                         |
| January 25        | Religion Period in School           | Class - Chapter 5: The Gifts of the Holy Spirit                   |
| <b>February 7</b> | <b>3:30 PM – 4:30 PM (Church)</b>   | <b>Student &amp; Sponsor Meeting (Required), details TBD</b>      |
| February 8        | Religion Period in School           | Class - Chapter 6: Being Anointed by the Holy Spirit              |
| March 1           | Religion Period in School           | Class - Chapter 7: The Eucharist – The Heart of the Church’s Life |
| <b>March 10</b>   | <b>5:00 PM onwards, details TBD</b> | <b>Family Faith Night (Required), details TBD</b>                 |

|                 |                           |                                                                                             |
|-----------------|---------------------------|---------------------------------------------------------------------------------------------|
| <b>March 17</b> | <b>5:00 PM (Church)</b>   | <b>Lent Reconciliation Service (Required)</b>                                               |
| March 22        | Religion Period in School | Class - Chapter 8: Celebrating the Sacrament of Confirmation                                |
| April 5         | Religion Period in School | Work on the Saint Project                                                                   |
| May 3           | Religion Period in School | Saint Project Presentations<br>(*may need more classes)                                     |
| <b>TBD</b>      | <b>5:30 PM – 6:30 PM</b>  | <b>Confirmation Mass Rehearsal in the Church (Required with Sponsor/Proxy), details TBD</b> |
| <b>TBD</b>      | <b>TBD (Church)</b>       | <b>CELEBRATION OF THE SACRAMENT OF CONFIRMATION (Required with Sponsor), details TBD</b>    |

**\*Note:** Each year, the Diocese determines the schedule for Confirmation Mass with the Bishop. Because of this process, our Confirmation Mass date is currently listed as TBD. We expect to receive our assigned date by the end of September and will notify all families promptly once it is confirmed. Thank you for your understanding.