



ST. JUSTIN MARTYR CHURCH

35781 STEVENS BOULEVARD
EASTLAKE, OHIO 44095
PHONE: 440-946-1177
FAX: 440-946-9126 www.STJUSTIN.NET

July 12, 2024

Dear parent and teen,

We at St. Justin Martyr Parish are interested in the further development of your teen as a young adult in our parish for the preparation to the Sacrament of Confirmation. **Our records indicate that your teen's birth year is after June 2009-2010 and/or he/she will be entering the ninth grade in the fall.** Our Sacrament of Confirmation occurs in the ninth grade.

If your teen:

- ◆ **has completed** the required religious education through **eighth grade** either by PSR or Catholic Day School, then we as a parish community invite him/her to prepare to be part of this full initiation into our Catholic Community.
- ◆ has not completed the 8th grade religious education requirement **and you would like to begin his/her journey to the Sacrament of Confirmation**, please contact me as soon as possible.
- ◆ has already been Confirmed or if you choose for your teen not to be part of our Confirmation program, please email me at beth@stjustin.net so that I can update our records.

We will introduce our program on **August 25, 2024, immediately following 10:30AM Mass with a parent/teen informational meeting** in the Spirit Room (under the ATR awning of the school). We will have a light refreshments and continue with our session. This is an important meeting for both teen and parent you will be given our schedule for the year.

Please complete the paperwork and return it to the parish office by August 15, 2024.

- **Confirmation application found on-line at www.stjustin.net under the PSR and Confirmation tab on the right hand side, also enclosed.**
- **A Baptismal Certificate from the Church of Baptism.**
- **A First Communion Certificate from the Church of First Communion.**
- **Enclose check to St. Justin Martyr for \$60.00 Confirmation Fee (contact me if this will cause a hardship)**

These documents should be a recent copy and require a current date, the Church's seal, and priest's signature. You need to request these documents from the Church of the Sacrament (even if it is St. Justin Martyr). These documents become part of your teen's Confirmation file. These are not the originals given to you at the time of receiving the Sacrament. If your child was Baptized/received First Communion at St. Justin Martyr, please inform the office that you are requesting this certificate for Confirmation at OUR parish. This gives me permission to obtain the information needed.

This fillable application can be found on our website www.stjustin.net under the drop down of forms.

To contact me please call the parish office at 440-946-1177, Ext. 105 or email me beth@stjustin.net.

We will be in contact soon, either by email or postal mail.

May the Holy Spirit be in your heart and your home,

Mrs. Beth Ann Rossetti Lay Ecclesial Minister/Pastoral Associate

cc: Fr. Josh Cochrac, Pastor

Teen to be Confirmed (Candidate) In a few sentences, please indicate why you feel you are ready to begin your preparation for the Sacrament of Confirmation. Please discern about your answer. Discern means to think, with prayerful thought about the real reason you feel you should receive this Sacrament. This answer will not hurt your process in anyway. Please be specific with your reasoning.

SIGNATURE of CANDIDATE (Teen) _____

Photo/Video/Social Media Release Document

*I (we) the parents and/or guardian of my (our) minor child _____ (name), age _____ do hereby consent and authorize the release, publication, dissemination, distribution, use and/or reproduction of any and all photographs/videos taken of my (our) son/daughter in the **St. Justin Martyr High School Programs, and other activities involved with the parish during this year**, by an employee, agent, or representative of the St. Justin Martyr Parish High School Religious Education Programs or by an independent contractor. This Photo Release and Authorization acknowledges that all photographs, negatives, positives, videos and prints shall constitute the property of the St. Justin Martyr Parish and **may be used at any time** by St. Justin Martyr Parish without any compensation or further notice to me (us) or to my son/daughter.*

Parent and/or Guardian Signature

Date

Residing with (names): _____

Please COMPLETE BY August 15, 2025

Our fee for the year is \$60.00 (check payable to St. Justin Martyr Confirmation Program if you need financial assistance contact Beth Rossetti) Please mail to 35781 Stevens Blvd. Eastlake, 44095 or drop off forms to the parish office.

We must have an updated Baptismal and Eucharist Certificate before your teen can enter the Confirmation Program.

[DO NOT SEND THE ORIGINAL you received on those special days.](#)

Request a COPY from the Church of Baptism/Eucharist to be sent directly to St, Justin Martyr at the above address. Attention: Beth.

***** If you are requesting these forms from SJM, PLEASE inform the office that this is for the Confirmation Class. This gives permission to record this private information into my records. No certificate is necessary.***

If at anytime this emergency information changes, notified Beth Rossetti at beth@stjustin.net
Emergency Information

CANDIDATE NAME: _____ AGE: _____

DATE OF BIRTH: _____ HOME PARISH/CITY: _____

Father's Name _____

Mother's Name _____

HOME PHONE: _____ CELL PHONE: _____

In case of emergency please reach _____ (name) _____ (relationship)
at _____ / _____ . 2nd party to be reached _____ (name)
(phone) (alternative number)
_____ at _____ / _____ .
(relationship) (phone) (alternative number)

Please provide additional names/cell phone numbers _____

If needed transportation to the nearest hospital is granted. _____
Signature of parent

Does the above minor have any medical conditions that should be noted? If yes, please explain:

Action that should be taken:

Does the above minor need the use of any type of medication?

Medication needs to be administered including Ibuprofen. Name of medication being administered.
_____ Time to be administered. _____ I understand that this will be brought by teen
and given to the person in charge to be administered according to parent instruction.

Parent Signature _____ Date _____

I wish for no medications to be administered at anytime.

Parent Signature _____ Date _____

Refusal of medical consent do not transport my child to a hospital or doctor's office.

Parent Signature _____ Date _____

A copy of this will be kept on file and a copy given to your child's catechist.

Complete reverse side

St. Justin Martyr Parish Confirmation Program 2024-2025 Medical Authorization

In the event reasonable attempts to contact _____ at _____ (phone #) or _____ (other parent) at _____ (phone #) have been unsuccessful, I hereby give my consent for: 1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) at _____ (phone #), or Dr. _____ (preferred dentist) at _____ (phone #), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 2) the transfer of my son/daughter to _____ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed. Emergency cell phone numbers (1) _____

(2) _____ so that I can be contacted to reply in a timely matter, decided by physicians/dentists.

My health insurance carrier is: _____

Name of policyholder: _____

Policy/group/claim number: _____ My child's birth date is: _____

The following include any allergies my child may have, any medication my child may be taking and any other facts to which a physician or dentist should be alerted:

_____ I fully understand what is involved in this agreement and the foregoing form, and I understand I have the opportunity to call Beth Rossetti, pastoral minister or Fr. Kevin Liebhardt, the pastor of St. Justin Martyr at 440-946-1177 with any questions I may have.

Parent/Guardian signature _____ Date _____

Permission is granted without expiration.

Refusal to Consent

I do not give my consent for emergency medical treatment of my son/daughter. In the event of illness or injury requiring emergency treatment, I wish the employees or volunteers of St. Justin Martyr Parish, Eastlake, to take no action. I do fully understand what is involved in this agreement and the foregoing form, and I understand I have the opportunity to call Beth Rossetti, pastoral minister or the pastor of St. Justin Martyr at 440-946-1177 with any questions I may have.

Parent/Guardian Signature _____ Date _____

Confirmation
St. Justin Martyr High School Teen Programs
35781 Stevens Blvd. Eastlake, OH 44095

Parental/Participant Consent Form

I/we as the parent (s) or legal guardian(s) of _____,
(participant's name)

do hereby grant permission for the aforesaid participant to participate in All of the Confirmation Sessions and all activities surrounding the St. Justin Martyr Confirmation Program on the grounds of St. Justin Martyr Parish and beyond, between the dates of August 1, 2024– November 1, 2025.

I give consent for my child to be involved with the service projects of the program.

I/we agree by my/our mutual signature (s) to release, indemnify and hold harmless The Confirmation Team of the Class of 2025, volunteers of the high school youth programs, the Parish of St. Justin Martyr, the employees and volunteers of St. Justin Martyr Parish, and its affiliates, the Roman Catholic Diocese of Cleveland, the Bishops of the Roman Catholic Diocese of Cleveland, it's Churches or Parishes and any and all supervisors, volunteers, organizers and sponsors thereof, and from any and all liability for injury, medical fees, hospital bills, or doctor bills of aforesaid participant, including all risks connected therewith whether foreseen or unforeseen. I/we waive all claims of any kind against any or all of the organizations hereinabove enumerated, including any and all claims against person or persons transporting aforesaid participant to or from any activities hereinabove named.

Signature of parent or teen if over 18 years old

Date

Refusal of consent to the above:

Signature of parent or teen if over 18 years old

Date

Complete reverse side —

Parent/Guardian Consent Form: Virtual Catechesis

Description of Parish program or activity:

Virtual Catechesis for St. Justin Martyr Confirmation Program 2024-2025

Name of Parent(s) / Legal Guardian(s): _____

Name of minor child: _____

I give permission for my child to participate in parish sponsored virtual catechesis sessions in connection with the St. Justin Martyr Confirmation program or activities pertaining to this program listed above using audio and/or video conferencing services such as Zoom and Facetime, GoToWebinar, Microsoft Teams, and other platforms deemed necessary for the St. Justin Martyr Confirmation Program. I understand and agree that any such session may be recorded by the Parish in the Parish's sole discretion ("Recordings"), and that the Recordings will be viewed by individuals who missed or were unable to attend the session and that the Parish cannot control who may view the Recordings along with the individuals who missed or who were unable to attend the session. I further understand and agree and that the Recordings may, in the Parish's sole discretion, be shared with Parish staff, used for future catechesis or educational purposes, or shared in connection with an investigation of any alleged misconduct. I agree that the Recordings will be made without further notice and without compensation, and I agree that the Recordings shall constitute the sole property of the Parish.

I agree to supervise my child's participation in any virtual or online catechesis sessions. I further agree to ensure that my minor child's use of any software or other online platforms complies with the terms and conditions of such software and/or platforms.

By signing below, I acknowledge that I am the parent or legal guardian of the above named minor child, that I have authority to sign this agreement on my minor child's behalf, and I have read, understand, and agree to the terms and conditions stated above.

Parent/Guardian: _____

Date: _____

Parent/Guardian: _____

Date: _____

Ohio Revised Code "O.R.C. 1306" UNIFORM ELECTRONIC TRANSACTIONS ACT "UETA".

Gives permission for an electronic transfer signature to be binding according to:

Specifically: 1306.06 Electronic record or signature satisfies legal requirements.

(A) A record or signature may not be denied legal effect or enforceability solely because it is in electronic form.

(B) A contract may not be denied legal effect or enforceability solely because an electronic record was used in its formation.

(C) If a law requires a record to be in writing, an electronic record satisfies the law.

(D) If a law requires a signature, an electronic signature satisfies the law.

Effective Date: 09-14-2021