St. James' Sacramental Program CONFIRMATION 2022



Your child's Sacramental Journey began when you were baptised. Their next step in their Initiation process is celebrating the Sacrament of Confirmation.

Children who are in grade 3 or older and who have been baptised are now invited to enrol in the Confirmation program.

Parent information and registration will be held on **Tuesday 26th July** in the foyer of St. James' Parish Church, Sebastopol. It is an expectation that a parent/guardian attends as part of your commitment in supporting your child through the Confirmation program.

When you attend could you please bring the following with you:

- A completed registration form (which is attached to this letter)
- Your child's Tri Fold Baptism certificate or a copy of your child's Baptism certificate if they were not Baptised in the Ballarat Diocese
- A \$25 fee to cover the program

Key dates for the Confirmation program

Parent information & registration	Tuesday 26 th July 2022 @5.30pm
Dismissals Candidates & their families are expected to attend 4 Masses on 4 weekends preceding the Sacrament. During the Masses the candidates will be taken out for a dismissal preparation session.	Sunday 31 st July @ 10.30am Sunday 7 th August @ 10.30am Sunday 14 th August @ 10.30am Sunday 21 st August @10.30am
Rehearsal	Friday 26 th August @ 10.15am
Confirmation Celebration During Mass	Sunday 28 th August 10.30am Mass

If you have any questions about the above expectations or any other matters please don't hesitate to contact Pauline O'Brien at the Parish Office on 0428 699 624 on the following days: Tuesdays & Fridays 9.00am – 3.00pm or email: sebastopol@ballarat.catholic.org.au or Jan Schaper Sacramental Coordinator on 0437 413 505.



St. James' Parish, Sebastopol & Rokewood Family Based – Parish Coordinated – School supported Sacramental Program

REGISTRATION

Family Surname Child's				ild's Name_			
Child's Date of Birth/ School Attends							
Hom	e Address						
Telephone (H) (M)							
Email							
Parent details: Parent Name Religion							
Parent Name			_ Religio	Religion			
Mother's maiden name							
Date of Child's baptism/							
Place of Baptism (name of church and location)							
Pleas	ficate sightede bring to the meeting of your child's origina	g your child's	_				
PROGRAM ENROLMENT DETAILS							
USE ONLY	Program	Enrolment date	Fee Paid (\$25 per program	Received by	Tri – Fold Required (\$5)	Stole Required (\$10)	
JSE	Confirmation		1 0		. ,	,	
OFFICE U	Jnr Reconciliation						
	First Eucharist						
	Snr Reconciliation						
Please note: The original Baptism Certificate will be held at the Parish Office until completion of Sacraments.							
Paren	t or Guardian who will	be supportin	g this child in	the Sacrame	ental Program	ıs	
Name Signature							