



**St. Charles Religious Education
Youth Sacraments 2nd Year Requirements
2020-21**

1. Attend classes regularly on Tuesday evening.
 - a. Each session is 6:00-7:30 PM (**through Zoom to start)
 - b. No more than 3 absences will be accepted throughout the school year.
 - c. *Please note, 3 tardies (more than 20 minutes late) equal 1 absence.*
2. Attend Sunday Mass (or Saturday Vigil) weekly and on Holy Days of Obligation
 - a. Candidates must complete 4 reports on Sunday Mass readings
 - b. Mass attendance via online options (**for COVID only)
3. Be an active and willing participant in the Catechism program and class
4. Catechesis on the 7 Sacraments.
5. Parents **MUST** attend all sessions noted on the Class Calendar. Parents **MUST** attend all sessions noted on the Class Calendar.
6. Download the app BAND for all Youth Ministry correspondence (Parents & Students)

I have read these requirements and understand what is expected of me in order to receive the Sacraments of Reconciliation and Holy Communion. I understand that if these requirements are not met I will be asked to repeat the year.

Name of Teen Teen signature Date

I have read these requirements and understand what is expected of my teen in order to receive the Sacraments of Reconciliation and Holy Communion. I understand that if these requirements are not met my teen will be asked to repeat the year.

Name of Parent or Guardian Parent or Guardian Signature Date

PHOTO/VIDEO/MEDIA RELEASE

This release authorizes St. Charles Parish, located in the City of San Diego, California, within the Roman Catholic Diocese of San Diego, its employees, representatives and/or volunteers, to photograph/video tape:

Print Students Full Name Here

for the purposes of marketing and/or promoting the interests of the Parish Youth Group, including the use of said photographs/video in printed materials, parish websites, and other visual display and/or media.

I understand that such photos/recordings will be used for parish-related purposes, but will not be used for any other commercial purposes whatsoever. Therefore, I consent to and authorize the photographing, videotaping or otherwise recording of my child and I also waive any and all rights I or my child may have for remuneration of any kind, which could otherwise accrue as a result of the use of such photographs/video recordings. I also understand that I have the right to revoke this release agreement at any time, by advising the Parish in writing by letter directed to the Pastor of my intent to revoke.

_____ Check here if you DO NOT AUTHORIZE release of photos/video.

Signature

Date

Print Name Here

STUDENT NAME: _____

YOUTH SACRAMENTS MASS REPORTS

Mass Date: _____

Mass Time: _____

Presiding Priest: _____

What I learned from this Mass *(Please be sure to elaborate on your thoughts filling in the space provided)*:

Mass Date: _____

Mass Time: _____

Presiding Priest: _____

What I learned from this Mass *(Please be sure to elaborate on your thoughts filling in the space provided)*:

STUDENT NAME: _____

Mass Date: _____

Mass Time: _____

Presiding Priest: _____

What I learned from this Mass *(Please be sure to elaborate on your thoughts filling in the space provided)*:

Mass Date: _____

Mass Time: _____

Presiding Priest: _____

What I learned from this Mass *(Please be sure to elaborate on your thoughts filling in the space provided)*:
