



## 2012 Syllabus Grades 9 and 10

833 Main Street Agawam Massachusetts 01001  
(413) 789-1029 ♦ [rcasiello@stjohnagawam.org](mailto:rcasiello@stjohnagawam.org) ♦ [www.stjohnagawam.org](http://www.stjohnagawam.org)

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**Class Meeting Time: 8:45 – 10:15**

### 9<sup>th</sup> Grade Syllabus - 2012

Jan:

8<sup>th</sup> – Welcome / Parent Mgt

22<sup>th</sup> – # 1-6

29<sup>th</sup> - # 9-11

Feb:

5<sup>th</sup> – # 12-14

12 - # 15-22

26 – Life Teen

Mar:

4<sup>th</sup> – # 23 – 27

11<sup>th</sup> - # 28 – 32

18<sup>th</sup> – Lenten Workshop

25<sup>th</sup> – Social Justice

Apr:

1<sup>st</sup> – Game Show

22<sup>nd</sup> – Rosary

29<sup>th</sup> – Crop Walk

### 10<sup>th</sup> Grade Syllabus – 2012

Jan:

8<sup>th</sup> – Welcome / Parent Mgt

22<sup>th</sup> – # 28-32

29<sup>th</sup> - # 33-38

Feb:

5<sup>th</sup> – # 39-44

12 - # 45-52

26 – # 53-58

Mar:

4<sup>th</sup> – Life Teen

11<sup>th</sup> - 59-End

18<sup>th</sup> – Social Justice

25<sup>th</sup> – Lenten Workshop

Apr:

1<sup>st</sup> – Chrism Film

2<sup>nd</sup> – Chrism Mass / St. Michaels

22<sup>nd</sup> – Rosary

29<sup>th</sup> – Crop Walk



# Pledge of Commitment

Due Date: As soon as possible  
[www.stjohnagawam.org](http://www.stjohnagawam.org)

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Understanding that I am still in the decision making process about whether or not to celebrate the sacrament of confirmation, I do choose to commit myself to the confirmation program. In doing so;

- I promise to attend each session and participate in the activities, discussions and assignments.
- I promise to attend Mass on Sunday and holy days.
- I promise to participate in the worship service, assist in liturgical service and social events of my parish.
- I promise to pray daily for the guidance of the Holy Spirit in my preparation for Confirmation.
- I promise to develop my personal morality based on the will of God expressed through the teachings of the church, the scriptures, and the commandments, and to celebrate frequently the sacrament of reconciliation.
- I promise to use my talents in the service of others, especially as outlined by the service requirements of the program.
- I promise to attend and participate in the confirmation retreat.

\_\_\_\_\_  
Signature of Confirmation Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Confirmation Candidate

\_\_\_\_\_  
Signature of Parent(s) or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent(s) or Guardian



# Requirements for Confirmation

Date Due: As soon as possible  
[www.stjohnagawam.org](http://www.stjohnagawam.org)

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- Attendance during class time is mandatory. If you are unable to attend class, please let me know by e-mail or by phone prior to 3:00pm on Saturday.  
[rcasiello@stjohnagawam.org](mailto:rcasiello@stjohnagawam.org) / 413-789-1029
- Community Service Project approval forms must be completed before starting the project. The requirement for community service is a minimum 20 hours. (more than 20 hrs is encouraged)
- An evaluation form must be completed for each community service project before you will be credited with the hours served. All forms must be returned no later than the end of March.
- A candidate must choose a sponsor. It is suggested that one of the godparents from Baptism be your sponsor, but is not required. The selection of your sponsor must be submitted by the end of March. (your parent can not be your sponsor)
- Mass Attendance is mandatory. Mass if part of your class time. You have the option to attend any Mass during the week.
- A candidate may choose a Confirmation name. This name may be the name of a canonized Saint or the candidate may choose his or her own baptism name. The candidate must read about his/her saint and write a one page report about the saint and why you chose the name. This report will be due by the end of March and must be submitted with the Confirmation report form
- Attendance at the Confirmation retreat is mandatory. The date of the retreat will be confirmed when it is available. It will be in Sept. or Early Oct. of your Confirmation year.

\_\_\_\_\_  
Signature of Confirmation Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Confirmation Candidate

\_\_\_\_\_  
Signature of Parent(s) or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent(s) or Guardian



# Community Service Project Approval Form

833 Main Street Agawam Massachusetts 01001  
(413) 789-1029 ♦ [rcasiello@stjohnagawam.org](mailto:rcasiello@stjohnagawam.org) ♦ [www.stjohnagawam.org](http://www.stjohnagawam.org)

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One of the most outstanding traits of the early Christians, recognized even by non-Christians of the time, was the love they had for one another. This love expressed itself in an attitude of selfless giving to one another and to those in need.

This form must be completed and returned **prior** to starting your community service.

You are asked you to select an appropriate project / projects for your Confirmation preparation. You are given the opportunity to begin your service projects as early as the 7<sup>th</sup> grade but should begin no later than the 9<sup>th</sup> grade. All projects for Confirmation must be completed by the end of March of your Confirmation year for a minimum total of twenty (20) hours, more hours are encouraged. Given the nature of your community service, you must not be compensated for it.

We expect that you will set up an appointment with the person in charge of the project and work out the details of the services you will be performing.

Please have the person in charge of your project fill out the following information:

Candidate's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Telephone No: \_\_\_\_\_

**Community Service will be accomplished at:**

Name of Organization: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Brief description of service(s) to be performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Director of Religious Education Approval \_\_\_\_\_ Date \_\_\_\_\_



# Community Service Project Evaluation Form

833 Main Street Agawam Massachusetts 01001  
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Candidate's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Completed \_\_\_\_\_ hours of community service, which began on \_\_\_\_\_

**Please Check Off Where Applicable:**

- Approach and attitude were positive
- Services or work performed were as directed
- Services or work performed were done in a responsible manner
- Services or work performed were a credit to the candidate and reflected a Christian attitude
- Other (Please specify below)

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Supervisor's Signature: \_\_\_\_\_

Print Supervisor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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Agency / Institution Name

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Agency's Address





# Community Service 2012

833 Main Street Agawam Massachusetts 01001  
 (413) 789-1029 ♦ [rcasiello@stjohnagawam.org](mailto:rcasiello@stjohnagawam.org) ♦ [www.stjohnagawam.org](http://www.stjohnagawam.org)

## Community Service Sign-up

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### Please check the service you would like to do

Check	Date	Community Service Description
	Feb. 5	Parish Picnic – Set-up Feb 4 <sup>th</sup>
	Feb. 4 <sup>th</sup> & 5 <sup>th</sup>	Souper Bowl Sunday / Food Collection – Choose a Mass Sat. Feb 4 – 4:00 Mass Sat. Feb 4 – 6:00 Mass Sun. Feb 5 – 8:00 Mass Sun. Feb 5 – 10:30 Mass
	Apr. 29	Crop Walk – Date to be Confirmed – 5 hours Community Service

### Special Liturgical Service Events

Check	Date	Liturgical Service Description
	Feb. 19	February Youth Mass
	Mar. 18	March Youth Mass
	Mar. 30	Living Stations of the Cross – Total hours 10 Rehearsals begin Feb. 28 <sup>th</sup> – Mar. 27 5 – Tuesday's from – 6pm to 7:30pm



# Liturgical Service Report Card

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The word Liturgy - Comes from the Greek, meaning "the work of the people". It is the collection rites and ceremonies of the Church offered for the adoration of God and the sanctification of God's people. This word is connected to the order of service (**also called the Mass**) used in the Holy Communion.

**The Catholic Liturgy is celebrated in two parts:**

**The liturgy of the word** – A student may serve as a lector and read one of the following readings of the day – The first reading from the Old Testament the second reading from the New Testament, the responsorial psalm, or the prayer of the faithful.

**The liturgy of the Eucharist** – A student may serve by presenting the gifts of the Eucharist

Liturgical service defines who we are as Catholic Christians. To understand the weekly liturgy students are encouraged to participate in the Liturgical Services throughout the year.

We are baptized into the Catholic faith as priest, prophets and Kings. The role of all priest, prophets and kings is to serve just as Jesus came to serve us. We must serve our church, our community and each other. Confirmation students are required to serve a minimum of 10 hours of Liturgical Service. Listed are some other ways that you can serve your church.

**Greeter during Mass** – A greeter opens the doors for the parishioners before Mass and hands out the bulletins after Mass. Students should prepare to greet the congregation 15 minutes before Mass begins.

**Alter Server** – Alter servers must be trained – Please contact Ann Heaton at 786-4913 if you are interested in this ministry.

**Youth Choir** – Please contact Wayne Ball for rehearsal times if you are interested in this music ministry. Wayne is available after most Sunday Mass's

**Participate in planned liturgical Events** – There will be a special Mass held each month designed especially for youth. Sign-up sheets for these Mass's will be available during your class time.

There will be a sign-in sheet in the front of the church for each Mass. You must sign in before Mass on the day of your service. You will also have a liturgical service report card that must be signed by an usher in order for you to receive credit. Please have these service hours signed off on the day of your service.

**EVERY STUDENT MUST KEEP TRACK OF HIS/HER OWN LITURGICAL SERVICE  
HOURS**

**YOUR REPORT CARD IS ON THE BACK OF THIS FORM**

**IF THERE IS NO HOLY COMMUNION THERE IS NO LITURGY**



# Liturgical Service Report Card

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**Students Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Date	Service	Hours Completed	Approval Signature
<b>Date: Submitted</b>	<b>Total Hours Completed</b>		



# Selecting Your Sponsor

(Due by the end of February)

833 Main Street Agawam Massachusetts 01001

(413) 789-1029 ♦ [rcasiello@stjohnagawam.org](mailto:rcasiello@stjohnagawam.org) ♦ [www.stjohnagawam.org](http://www.stjohnagawam.org)

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## CRITERIA:

According to the revised code of Canon Law (Can. 874§1) which becomes effective throughout the Roman Catholic Church on November 27, 1983, the following criteria govern the selection for the Sacrament of Confirmation.

To be permitted to take on the function of sponsor a person must:

1. Be designated by the one to be confirmed, by the parents or the person who takes their place, or in their absence by the pastor or minister and have the aptitude and intention of fulfilling this function.
2. Have completed the sixteenth year of age, unless the diocesan bishop has established another age, or the pastor or minister has granted an exception for a just cause.
3. Be a Catholic who has been confirmed and has already received the most holy sacrament of the Eucharist and who leads a life of faith in keeping with the function to be taken on.
4. Not be bound by any canonical penalty legitimately imposed or declared.
5. Not be the father or mother of the one to be confirmed.
6. A baptized person who belongs to a non-Catholic ecclesial community is not to participate except together with a Catholic sponsor and then only as a witness of the confirmation.

## MY PERSONAL CHOICE OF A SPONSOR IS:

Name: \_\_\_\_\_

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

Name of Parish: \_\_\_\_\_

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

Relation to Candidate: \_\_\_\_\_

To the best of my knowledge, I believe that whom I have chosen, meets the criteria to be a sponsor. I understand that the acceptance of my choice is contingent upon verification of my choice's qualifications to act as a sponsor by a priest of my sponsor's home parish.

\_\_\_\_\_  
Candidate's Signature (Student)

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

\_\_\_\_\_  
Print Candidate's Name: (Student)

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



# Sponsor Verification

(For out of parish sponsors)

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Dear Father,

\_\_\_\_\_, The Confirmation candidate has chosen the below mentioned  
Print Candidate's Name (Student)

person who is a member of your parish to be a sponsor for the Sacrament of Confirmation.

**Please fill in the following form if this person is a registered and practicing member of your parish.**

\_\_\_\_\_  
Sponsors Name:

Is a practicing member of this parish and is qualified to be a sponsor for the Sacrament of Confirmation.

\_\_\_\_\_  
Pastor / Associate Pastor

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

\_\_\_\_\_  
Name of Church

\_\_\_\_\_  
City / Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip



(Affix Church Seal Here)

**Return this form to: St. John the Evangelist Church – 833 Main Street – Agawam MA 01001 –  
Attn: Roxanne Casiello / Confirmation**



# Chrism Mass Permission

833 Main Street Agawam Massachusetts 01001  
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January 8, 2012

Dear Parents or Guardian,

The confirmation students will be attending the Chrism Mass on Monday April 2, 2012 at St. Michael's Cathedral in Springfield, MA. The bus will leave St. John's Church at 6:00pm sharp.

**All Confirmation Students must attend this event. Excused absents from this event must be received in writing by March 18, 2012.**

**Permission Slip must be received by March 18, 2012**

Sincerely,

*Roxanne Casiello*

St John's Religious Education

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## Permission Slip

I \_\_\_\_\_ give my son / daughter \_\_\_\_\_  
Parent / Guardian Name Student's Name

Permission to attend the Chrism Mass for confirmation students to be held at the St. Michael's Cathedral in Springfield MA on April 2, 2012. I also give permission to treat my son / daughter in the event of medical care is necessary.

Allergies or Illness(s): \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date



# Confirmation Form and Name Report

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## Confirmation

Please Print Clearly

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

Confirmation Name \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Name of Parish \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Fathers Name \_\_\_\_\_

Mothers Name \_\_\_\_\_

Mothers Maiden Name \_\_\_\_\_

**Sponsor Name** \_\_\_\_\_

Name of Parish \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\* Attach Confirmation name report to this form.**

**BISHOP'S LETTER SAMPLE FORMAT  
CONFIRMATION**

**Include in the body of the letter**

**1st Paragraph:**

1. Your name
2. State that you are from St John the Evangelist Church, Agawam and are preparing for the Sacrament of Confirmation.
3. Explain why you would like to be confirmed and why this sacrament is important to you.

**2nd Paragraph:**

1. Share some information about yourself.
2. Indicate your chosen saint name and why this saint is inspirational to you.

**3rd Paragraph:**

1. What was the service project/projects you performed? Which "Work of Mercy" (Spiritual or corporal) were you performing for others? Who did you primarily serve?
2. What effect did this service have on you? How have you grown spiritually?
3. How do you think the service helped you build up the Body of Christ, the Church?
4. How do you see yourself serving others in the future?

**4th Paragraph:**

1. Thank the Bishop for taking the time to read your letter.
2. Close the letter.

Date
Dear Bishop McDonnell,
 Body of the Letter
 Sincerely,
Sign your Name here
Type Your Name



# Confirmation Form and Name Report

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## Confirmation

Please Print Clearly

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

Confirmation Name \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Name of Parish \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Fathers Name \_\_\_\_\_

Mothers Name \_\_\_\_\_

Mothers Maiden Name \_\_\_\_\_

**Sponsor Name** \_\_\_\_\_

Name of Parish \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\* Attach Confirmation name report to this form.**

Write a report on the name you've chosen for Confirmation. Write a brief Bio on your chosen Saint or person. How has this Saint or person inspired you on your faith's journey.