

Dear Christ the Servant Families,

It is time to register for the 2011-2012 Religious Formation classes. **June 6th** is our target date for having all families registered. Families that register by June 6th will have the best opportunity to have their day and time requests honored. The process of forming groups will begin on June 7th. Registration is never closed but the times and days are limited by space and volunteer catechists!

Religious Formation is a life-long process and the family is **PRIMARY!** Church writings call the family, "the domestic church." The parish experience, for children, is an extension of the religious formation that is received in the family—their domestic church. The Religious Formation program, along with the catechists, partner with families in the passing on of the Catholic faith. A formalized, systematic program of children's religious formation is available from Kindergarten through 8th grade. The parish offers additional activities to aid us in continuing our learning from childhood through adulthood. Watch the bulletin and parish web-site for events.

It is important that children continue their formation so that they come to understand and experience their faith along each of their developmental levels. Our ability to learn, understand and practice our faith changes along the life journey. Having the faith and understanding of a second grader is not sufficient to face the challenges and opportunities of the world as a middle school student, teenager or an adult.

Regarding the reception of sacraments, the Diocese of Joliet indicates children must complete (2) consecutive years of religious formation. In 2nd grade, our children normatively receive the Sacrament of Reconciliation in the late fall and the Sacrament of Eucharist in the spring. Children must have participated in RF in first and second grade.

In 8th grade, our youth have the opportunity to begin preparation for the sacrament of Confirmation. The year is designed to be a time of inquiry, study, prayer, service and reflection. Confirmation is a sacrament which requires the student to make a personal choice to be Catholic. This begins their young adult journey of faith. All parish requirements must be completed and the student will have been in Religious Formation on a regular basis in previous years to celebrate the sacrament in the spring of 8th grade.

The Catholic faith is rich in traditions and teachings; all centered around continually growing closer to God. The importance that parents place upon faith is shown in daily living. Eating together, praying as a family, being kind neighbors, performing Christian Service, making time to attend Mass, bringing children to Religious Formation sessions, and being active participants in the life of the world and the Church. These Christian practices are life-giving opportunities to weave our Catholic identity throughout our everyday work, study, play, prayer and actions.

Registration for Religious Formation classes must meet these criteria:

1. The family **must be a registered parishioner of Christ the Servant.**
2. All forms must be filled out completely.
3. Tuition is expected at the time of registration.
4. A copy of each child's **baptismal certificate** must be on file at the parish or included with your registration.

There is an increase in tuition this year due to the introduction of the *Third Roman Missal* in November. There will be changes to the prayers we say and hear at Mass. Religious Formation materials, including textbooks, catechist guides and other resources will need to be updated to reflect the changes.

The Family Opening Prayer Service will be held on Friday, September 16 at 7:00 pm. A calendar will be mailed in August along with your child's session list.

May God bless you and your family, both over this summer, and always.

Peace in Christ,

Christ the Servant—Religious Formation Office



**"...so that
they may be
one..."**

John 17:11

Family Last Name: _____

Child's Name	M/F	Date of Birth	Grade 2011-12	School	Sacraments Received			1 st Choice Day/Time	2 nd Choice Day/Time
					Bapt	Recon	Each		
1.									
2.									
3.									
4.									

Special Considerations:

1. _____
2. _____
3. _____
4. _____

Videotaping and Still Photographs may be taken during Religious Formation classes and events.

I give permission for my child's participation in the videotaping and/or still photographs, which may be used for recording of events, and future promotional efforts, including the parish website.

Parent signature _____

**CHRIST THE SERVANT PARISH
RELIGIOUS FORMATION PROGRAM
2011-2012 "SHARING OF GIFTS" FORM**

God has blessed Christ the Servant parish with people who are generous in donating their gifts of time and talent. All families participating in the Religious Formation programs of our parish are needed and expected to share their gifts with the program in some way; large or small.

We need YOU! *In addition to praying, our family will commit to:*

Parent Name: _____

Daytime phone: _____

E-mail: _____

Circle children's grade levels: K 1 2 3 4 5 6 7 Confirmation

CATECHIST (teaches the faith)

- 1. _____ Catechist (Grade _____)
- 2. _____ Confirmation Catechist
- 3. _____ Catechist aide
- 4. _____ Substitute catechist (on call)

F.A.C.T. (Families of Active Catholic Teens)

- 17. _____ Serve on Leadership Group
- 18. _____ Serve at activities
- 19. _____ Help with organizing events

RELIGIOUS FORMATION COMMISSION

- 5. _____ Commission member

OTHER TALENTS

- 20. _____ Photographer
- 21. _____ Art Work – by hand
- 22. _____ Art Work/design – by computer
- 23. _____ Sewing
- 24. _____ Music
- 25. _____ Drama

SPECIAL EVENTS -- Growing in Faith Together

- 6. _____ Be part of the GIFT Core Team
(help plan and implement events)
- 7. _____ Be an Event helper
(help facilitate family activity stations, set up, cleanup, etc)
- 8. _____ Plan and organize food
- 9. _____ Plan and organize service project
- 10. _____ Help with "odd jobs"

HOSPITALITY

- 26. _____ Provide treats as needed
- 27. _____ Provide beverages as needed
- 28. _____ Set-up and clean-up for events

SUPPORT TASKS

- 11. _____ Phone Calling
- 12. _____ E-mail coordinator
- 13. _____ Coordinate volunteers
- 14. _____ Support tasks that can be done at church
- 15. _____ Support tasks that can be done at home
- 16. _____ Help with Fund-Raising events

29. _____ Other ways we would like to help:

**CHRIST THE SERVANT PARISH RELIGIOUS FORMATION PROGRAM
2011-2012 MEDICAL PERMISSION FORM**

Insurance Information: (same for all children in family)

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____

Family Physician: _____ Phone: _____

I understand that first aid will be administered by the adult staff in charge of the Religious Formation (and/or those transporting my child to and from program events and activities) as their judgment deems advisable. I grant permission for adult staff to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified at the onset of any serious illness or in the event of a serious accident and prior to any major surgery, unless a delay in communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to secure proper treatment for my child as deemed necessary.

I grant permission for the administration of First Aid to _____
(First and Last)

Does this child have allergies? (Medication, foods, insect bites or stings, etc.)

No _____ Yes (please specify) _____

I grant permission for the administration of First Aid to _____
(First and Last)

Does this child have allergies? (Medication, foods, insect bites or stings, etc.)

No _____ Yes (please specify) _____

I grant permission for the administration of First Aid to _____
(First and Last)

Does this child have allergies? (Medication, foods, insect bites or stings, etc.)

No _____ Yes (please specify) _____

I grant permission for the administration of First Aid to _____
(First and Last)

Does this child have allergies? (Medication, foods, insect bites or stings, etc.)

No _____ Yes (please specify) _____

Signature of Parent/Guardian: _____ Date: _____