

Dear Christ the Servant Families,

It is time to register for the 2009-2010 Religious Formation classes. **May 31st** is our target date for having all families registered. Families that register by May 31st will receive the best opportunity at having their day and time requests honored. The process of forming groups will begin on June 1st! Registration is never closed but the times and days are limited by space and volunteer catechists!

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 such as praying as a family, performing Christian Service, making time to attend Mass, bringing children to Religious Formation sessions, and being active participants in the life of the Church. These Christian practices are life-giving opportunities and not simply another activity. Our Catholic identity is woven throughout our everyday work, play, prayer and actions.

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 Catechists and Religious Formation program will do our utmost to partner with families in the passing on of the Catholic faith.

Children's religious formation is available from Kindergarten through 7th 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.

The parish hosts GIFT (Growing In Faith Together) intergenerational events as an important component of the RF sessions. RF sessions are not scheduled during those weeks to allow families the time to attend these intergenerational experiences. The events are part of Religious Formation and are listed on the RF calendar. The registrations are available, in the bulletin and at church, the month before each event.

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.

The Opening Prayer Service will be held on Friday, September 18 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,

Roberta Balsewicz  
Director of Religious Formation  
Christ the Servant Catholic Church  
8700 Havens Dr., Woodridge, IL 60517

(630) 910-0770 ext. 12  
roberta@ctswoodridge.org



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

John 17:11

**CHRIST THE SERVANT  
RELIGIOUS FORMATION REGISTRATION  
2009-2010**

Are you a registered member of the parish? Yes \_\_\_\_\_ No \_\_\_\_\_ *(Required - please stop at the parish office!)*

**PLEASE PRINT:** Last Name: \_\_\_\_\_

Father's name: \_\_\_\_\_ Religion \_\_\_\_\_

Mother's name: \_\_\_\_\_ Religion \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child(ren) lives with: Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Stepfather: \_\_\_\_\_ Stepmother: \_\_\_\_\_ Guardian \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_

Mom's cell: \_\_\_\_\_ Dad's cell: \_\_\_\_\_

Mom's work: \_\_\_\_\_ Dad's work: \_\_\_\_\_

**email address:** \_\_\_\_\_ (please print clearly)

Emergency Contact, in the event we are unable to reach a parent during a session:

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

In case of an emergency cancellation of classes, which is the best number to call:  
before noon? \_\_\_\_\_ after noon? \_\_\_\_\_

DAY/TIME CHOICES BY GRADE LEVEL		TUITION AND FEES	
Grade K	Tues 4:45-6:00 pm	<b>Tuition:</b>	
Grade 1	Tues or Wed 4:45-6:00 pm	<b>Family Registration Fee:</b>	\$100
Grade 2 & 3	Tues or Wed 4:45-6:00 pm or Tues 6:30-7:45 pm	<b>plus per child fee of:</b>	\$ 60
Grade 4	Tues or Wed 4:45-6:00 pm or Wed 6:30-7:45 pm	<b>Minimum Family Fee:</b>	<b>\$160</b>
Grades 5-7	Tues or Wed 6:30-7:45 pm	<b>Maximum Family Fee:</b>	<b>\$280</b>
<b>Confirmation Sessions:</b>		Sacramental fees are included in the registration fee.	
Grade 8	Wed 6:30-8:00 pm or Sun 8:30-11:00am (includes Mass)	<b>Tuition and fees are due at time of registration.</b> (If this creates an impossible burden on your family, contact the Director.)	
		<b>Make checks payable to:</b> <b>Christ the Servant Catholic Church</b> Tuition is non-refundable after the 1 <sup>st</sup> day of class.	
		<b>All classes are held at Christ the Servant Church.</b>	
While best efforts are made to honor placement requests, class sizes are limited, and placement will be made on a first-completed-registration, first-placed basis. A registration is complete when all four pages are filled out completely, the check accompanies it, and they are in the Parish Office.		____ New members - I am including copies of my children's baptismal records.	
		____ We have participated in Religious Formation previously and have supplied the parish with a copy of each child's baptism.	

*Please complete reverse side of this page*

Office Use Only:

Parishioner \_\_\_\_\_  
Baptismal cert: \_\_\_\_\_

Gift-sharing: \_\_\_\_\_  
Medical form: \_\_\_\_\_

Fee rec'd: \_\_\_\_\_  
Check #: \_\_\_\_\_

Family Last Name: \_\_\_\_\_

Child's Name	M/F	Date of Birth	Grade 09-10	School	Sacraments Received			1 <sup>st</sup> Choice Day/Time	2 <sup>nd</sup> Choice Day/Time
					Bapt	Recon	Euch		
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  
2009-2010 "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 as mentor 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

**GIFT (Growing in Faith Together) Events**

- 6.    \_\_\_\_\_ Be part of the 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  
2009-2010 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: \_\_\_\_\_