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Christ the Servant Catholic Church

8700 Havens Drive • Woodridge, Illinois 60517

Phone (630) 910-0770 • Fax (630) 910-6060

www.ctswoodridge.org

Religious Formation Office

Dear Christ the Servant Families,

It is time to register for the 2018-2019 Religious Formation classes! Families that register early will have the best opportunity to have their day and time requests honored.

Religious Formation is a life-long process and **your** 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 their family. Our 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.

The Religious Formation program partners 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. It is important that children continue their formation each year 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 our 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.

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.

Please review the 2018-2019 Religious Formation Handbook (available online or hardcopy outside RF office) for policies and procedures. Complete and submit your registration forms (all 4 pages) as soon as possible to ensure that we can honor your day and time request. Registration is never closed but the available times and days are limited by space and volunteer catechists!

Classes will begin on September 18th & 19th.

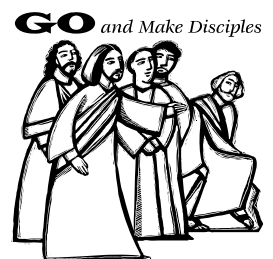
A calendar will be mailed in August along with your child's session list.

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

Should you have any questions, please do not hesitate to contact me at 630-910-0770 x103 or liz@ctswoodridge.org.

Summer Blessings,

Liz Jesse Wagner
Director of Religious Formation



**CHRIST THE SERVANT
RELIGIOUS FORMATION REGISTRATION
2018-2019**

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) live(s) with: Father: _____ Mother: _____ Stepfather: _____ Stepmother: _____ Guardian _____

Phone numbers: Home: _____

Mom's cell: _____ Dad's cell: _____

Mom's work: _____ Dad's work: _____

email address(es): _____ *(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			All classes are held at Christ the Servant Church.	
<i>List each child & session preference on page 2</i>			Tuition is non-refundable after the 1 st day of class.	
Grade K	Tues	4:45-6:00 pm	Tuition for 1 child:	\$180
Grade 1	Tues or Wed	4:45-6:00 pm	2 children:	\$240
Grade 2	Tues or Wed	4:45-6:00 pm	3 or more children:	\$300
Grade 3	Tues or Wed	4:45-6:00 pm	<i>(If this creates an impossible burden on your family, contact the Director of Religious Formation.)</i>	
Grade 4	Tues or Wed	4:45-6:00 pm	Make checks payable to:	
Grade 5	Wed	4:45-6:00 pm	Christ the Servant Catholic Church	
	or Wed	6:30-7:45 pm	Tuition may be paid via credit card online at	
Grade 6	Tues or Wed	6:30-7:45 pm	www.ctswoodridge.org.	
Grade 7	Tues or Wed	6:30-7:45 pm	Select <Donation> then <Religious Formation>	
Confirmation Sessions:			Full payment should be received before classes begin, September 18, 2018	
Grade 8	Sun	8:30-10:00 am	_____ I am paying Tuition in Full at this time	
	Wed	6:30-8:00 pm	_____ I am paying \$_____ at this time with remainder due by 9/18/2018	
See Confirmation Calendar for dates of each session.			_____ Cash/Check _____ Credit Card (check which applies)	
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 <u>completely</u> , they are in the Parish Office and a payment is made or a payment agreement is in place with the Religious Formation Office.			_____ We have participated in Religious Formation previously and have supplied the parish with a copy of each child's baptismal record.	
			New families/children:	
			_____ I am including copies of my children's baptismal records -or-	
			_____ My children were baptized at Christ the Servant	

Please complete reverse side of this page

Office Use Only: Parishioner # _____ Gift-sharing: _____ Payment: _____
Baptismal cert: _____ Medical form: _____ Date: _____
Method: _____

Family Last Name: _____

Child's First Name <i>(Enter each child below)</i>	M/F	Date of Birth	Last RF Grade Completed	School Grade 2018-19	School	Sacraments <i>(Check if Received)</i>	1 st Choice Day/Time	2 nd Choice Day/Time
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1.						<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist		
Special Considerations (Allergies, Medical Conditions, Educational Needs or other concerns):								

2.						<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist		
Special Considerations (Allergies, Medical Conditions, Educational Needs or other concerns):								

3.						<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist		
Special Considerations (Allergies, Medical Conditions, Educational Needs or other concerns):								

4.						<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist		
Special Considerations (Allergies, Medical Conditions, Educational Needs or other concerns):								

The Diocese requires that the following acknowledgments to be on file for each family:

These forms are available online at the Religious Formation webpage or hard-copy outside the Religious Formation Office.

PARENT ACKNOWLEDGEMENT FOR 2018/2019

I acknowledge that I have received and read the:

- **Parent Guide: Understanding & Preventing Child Sexual Abuse**
- **Parent Guide: Internet Safety for Children & Teens**
- **Diocesan Pastoral Policy Regarding Sexual Abuse of Minors**
- **Standards of Behavior for Those Working with Minors** (Only for families **NEW** to the Religious Formation Program in 2018/2019)

I have reviewed the 2018-2019 Religious Formation Policy Handbook.

Videotaping and Still Photographs may be taken during Religious Formation classes and events. I give permission for my child(ren)'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 _____ Date: _____

**CHRIST THE SERVANT PARISH
RELIGIOUS FORMATION PROGRAM
2018-2019 "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: _____

Have you attended a *Protecting God's Children* training session?: _____

E-mail: _____

Phone: _____

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 with Active Catholic Teens)

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

RELIGIOUS FORMATION COMMISSION

- 5. _____ Commission member

C.L.O.W. (Children's Liturgy of the Word)

Sundays at 10am Mass

- 20. _____ Presider (Leader)
- 21. _____ Shepherd (Helper)

SPECIAL EVENTS --

- 6. _____ Be an Event planner
(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"

OTHER TALENTS

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

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

HOSPITALITY

- 28. _____ Provide treats as needed
- 29. _____ Provide beverages as needed
- 30. _____ Set-up and clean-up for events

OTHER

- 31. _____ Other ways we would like to help:

**CHRIST THE SERVANT PARISH RELIGIOUS FORMATION PROGRAM
2018-2019 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: _____