

COMMITMENT

I(we) understand that as Catholic Christians, our faith journey is to know, love and serve God. And as parent(s)/guardian(s), we recognize our responsibility as primary religious teachers and role models for our children. In asking to participate in this program, we promise to do our part to nurture our child(ren)'s faith formation in the following ways:

- Our family agrees to fulfill our Catholic obligation to attend Mass on Sundays (or Saturdays) and Holy Days.
- Our family agrees to receive the Sacrament of Reconciliation on a regular basis.
- We will attend all scheduled Family Centered Formation sessions.
- We will continue the learning experience at home by completing the supplemental materials with our children.
- We will attend all parent meetings and sacrament preparation opportunities, including retreats and workshops.
- We will show our children how to live for Jesus by performing 6 hours a year of family service.
- By our actions, we will demonstrate to the world the Catholic principles of good personal morality and social justice.

* _____
Signature of parent(s)/guardian(s) required Date

Family Centered Faith Formation 2018-19 Calendar

Monday Session	Wednesday Session
Sept. 17	Sept. 19
Oct. 15	Oct. 17
Nov. 12	Nov. 14
Dec. 10	Dec. 12
Jan. 14	Jan. 16
Feb. 11	Feb. 13
Mar. 11	Mar. 13
Apr. 8	Apr. 10

Parent Only Orientation Mtg (required for all families) - Monday, Aug. 27

Closing Mass for all Families: May, 2019 (Date TBA)

General Permission Form

I request that my child(ren), _____, be allowed to participate in Family Centered Faith Formation, sessions being held at Holy Trinity Parish during the months of September thru May.

I hereby release and indemnify my parish, **Holy Trinity**, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

* _____
Parents'/Guardians' Signatures Date

Medical Permission Form

I grant permission for the administration of First Aid to my child(ren), _____, by the people in charge of the Family Centered Faith Formation Program in the event that I am not in attendance, as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

* _____
Parents'/Guardians' Signatures Date

Name & birth date of each child in the program: _____

Allergic to medication/other? NO YES (circle one)

If yes, name the child and please describe: _____

Medication(s) each child is taking on an ongoing basis:

Do any of your children enrolled in the program have special needs? NO YES (circle one)

If yes, please be sure to explain in the space designated on the front of this form.

Insurance Information Please be sure to inform us if this information changes during the school year.

Policy in the name of _____

Insurance Company: _____

Policy Number: _____

Authorized Physician: _____

Phone #: _____

In case of Emergency, contact: _____

Phone #'s: _____

Videotaping and Still Photographs

Video and still photographs may be taken during the sessions. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Diocese of Joliet website.

* _____
Parents'/Guardians' Signatures Date

* PLEASE NOTE: THERE ARE FOUR PLACES FOR

PARENTS' SIGNATURES ON THIS SIDE OF FORM.