

## ***Guidelines for Parents of Religious Education Students*** **2020-2021 School Year at Historic St Patrick Church**

[Updated: August 31, 2020]

Welcome to Historic St Patrick Religious Education program. Signing your children up for Sunday Religious Education is an important decision on your part for your children's Catholic Faith development. The Religious Education teachers and I are proud to play a part in this important development.

It is vital that parents realize the Religious Education program is only a *supplement* to your child(ren)'s Faith development and knowledge. No Religious Education program, including Historic St Patrick, can, with any stretch of the imagination, teach your child(ren) all they should know at their particular grade level. Therefore, it is absolutely necessary that you, as parents, familiarize yourself with the material your child is learning. In addition, need to become directly involved with the Faith-learning process of your child(ren). You, the parents, are the ones who are morally responsible to fulfill the vast majority of your child(ren)'s Faith knowledge and formation. The Religious Education teachers at Historic St Patrick will certainly do their best to assist you in your moral obligation of teaching your child(ren) in the ways of the Catholic Faith. And I, as the shepherd of all the activities at Historic St Patrick, will do my best to assist you and the teachers for the spiritual well-being of your children.

The following is a list of reasonable expectations I, as the Pastor, have for you as the parents of Religious Education students are Historic St Patrick Religious Education Program:

1. The parents and children both must sign the *Declaration to Practice the Catholic Faith* and return to Cathy Naleway by September 30.
2. The parents and children must be registered and practicing members of Historic St Patrick Catholic Church or Holy Trinity Catholic Church.
3. Parents are expected to bring their children to Religious Education, on time to every scheduled class which begins at 9:00a.m. each Sunday. If they are unable to attend Religious Education on a particular Sunday, the parents must call the child's teacher---even if the child had just recently become sick and unfit to attend. Further, the parents are expected to pick their children up on time.
4. The parents are expected to review with their child(ren) the information covered the past Sunday, whether this be assisting them in memorizing prayers, formulas, assisting with a writing assignment, etc. The parents are also expected to pray with them daily, if at all possible.
5. The parents will be expected to make sure their child(ren) have *all* and *bring all* the proper materials necessary for every Religious Education class. Proper materials will be determined by the child's teacher.
6. Parents are expected to fulfill the serious obligation of attending weekly Mass, and to attend Historic St. Patrick with their children when at all possible. To miss Mass without a serious reason has always been considered, and still is, a mortal sin. (See *Catechism of the Catholic Church*, #2181). God, Himself, gave us a commandment to remind us of how important worship is for our well-being. When we miss, not only is God deprived of that which He deserves (i.e. our worship and gratitude) but those who willfully miss Holy Mass are deprived of God's grace and Sacrament.
7. The parents will pay \$55.00 per child to supplement the cost to the parish of the child(ren)'s religious Education materials. If the parents have not already done so, they will be expected to do this at the first

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Religious Education Class session. If you are in need of financial assistance, please contact Cathy Naleway.

8. The *Schedule for Religious Education at Historic St Patrick Catholic Church 2020-2021* will be provided for you. Please become familiar with the schedule.

9. In the case of inclement weather on Sunday morning, please tune into 1230 *WJBC* for a possible cancellation.

Again, I welcome you and your children to Historic St Patrick Religious Education program. If you have any concerns or questions, please feel free to call Cathy Naleway, your Coordinator of Religious Education.

May God bless you and your family.

A handwritten signature in black ink, appearing to read "Fr. Jeffrey D. Stirniman". The signature is written in a cursive style with a large initial "J" and a long, sweeping underline.

Fr. Jeffrey Stirniman  
Pastor, Historic St Patrick Catholic Church, Bloomington

Dear Parents,

Attached is a copy of the Historic St. Patrick Religious Education Program registration form. One form per family is necessary.

The fee is \$55.00 per child; You may pay when you return the form or on the first day of classes.

We would like to publish a list of students in each class with their phone numbers, addresses, and parents' names. The purpose of this listing is to help families get to know who is in their child's religion class and encourage families to develop friendships with others in the program.

In order to publish this list, we need your permission to publish your name, address and phone number. Please complete the form below and RETURN it with your child's registration form.

If you have any questions, please feel free to call.

Thanks,  
Cathy Naleway  
CCD Coordinator  
(309) 829-1355

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\_\_\_\_\_ I give my permission to publish our names, address, phone number, & child's name.

\_\_\_\_\_ I do not give my permission to publish our names, address, phone number, & child's name.

\_\_\_\_\_ You may include my child's name, but not our names, address, or phone number.

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

Mother's Maiden Name: \_\_\_\_\_

Child/Children's Name: \_\_\_\_\_

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

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

## Historic St. Patrick Religious Education Registration 2020-2021

1209 W. Locust St  
Bloomington IL 61701

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

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone number: \_\_\_\_\_ Unlisted? Y N

Registered at Historic St. Patrick Church? Y N

### Parents

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Cell Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Religion: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

### Emergency Information

In the event of an emergency, please contact the following (other than parents):

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Authorization for Emergency Medical Treatment

*This information will be kept in the possession of the parish. A copy will be distributed to the person in charge of each trip or athletic activity in which the student participates. Should the need arise this information will be given to the proper medical authorities.* I understand that in the case of illness or injury to my child, the school will try to notify me or the person I have listed as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the parish to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility. This authorization for Emergency Medical Treatment is valid for one year, from August 1, 2020 through July 31, 2021.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Turn Over for Student Information

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: M F

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Language: \_\_\_\_\_

Date Place of Sacrament Address of Church (Baptism only)

Baptism: \_\_/\_\_/\_\_ \_\_\_\_\_

Reconciliation: \_\_/\_\_/\_\_ \_\_\_\_\_

First Communion: \_\_/\_\_/\_\_ \_\_\_\_\_

Confirmation: \_\_/\_\_/\_\_ \_\_\_\_\_

Student Medical and Emergency Information

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

List any medical conditions of the student: \_\_\_\_\_

List any allergies or allergic reactions: \_\_\_\_\_

List any medications the student is presently taking: \_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Plan no: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: M F

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Language: \_\_\_\_\_

Date Place of Sacrament Address of Church (Baptism only)

Baptism: \_\_/\_\_/\_\_ \_\_\_\_\_

Reconciliation: \_\_/\_\_/\_\_ \_\_\_\_\_

First Communion: \_\_/\_\_/\_\_ \_\_\_\_\_

Confirmation: \_\_/\_\_/\_\_ \_\_\_\_\_

Student Medical and Emergency Information

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

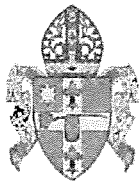
List any medical conditions of the student: \_\_\_\_\_

List any allergies or allergic reactions: \_\_\_\_\_

List any medications the student is presently taking: \_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Plan no: \_\_\_\_\_ Employee ID: \_\_\_\_\_



CATHOLIC DIOCESE OF PEORIA, IL

OFFICE OF EVANGELIZATION AND FAITH FORMATION COVID-19 WAIVER

2020-21

Parish \_\_\_\_\_
Child's Name \_\_\_\_\_ DOB \_\_\_\_\_
Parent(s)' Name(s) \_\_\_\_\_ Phone \_\_\_\_\_
Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

STUDENT COVID-19 WAIVER

We, to include but not limited to the above referenced parish and the Diocese of Peoria, have taken enhanced health and safety measures for your child. An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the CDC, senior citizens, adults and children with underlying medical conditions are especially vulnerable.

By your child attending the above referenced Faith Formation Program classes, you voluntarily assume all risks related to exposure to COVID-19 by your child. I also understand that if my child is exposed to, develops symptoms of or someone in my family tests positive, I will self-report that information to the above referenced parish.

I have read the above and understand that my child could be exposed to COVID-19 while attending during the 2020-2021 term. I also understand that if my child has any symptoms or a temperature upon arrival my child will not be admitted. The undersigned do hereby release, forever discharge and agree to indemnify and hold harmless my parish, the Catholic Diocese of Peoria, IL, and their staff, employees, agents, and volunteers from any and all liability, for injuries, damages, medical expenses or any other loss to my child or family, including attorney fees, arising from claims of any kind or nature whatsoever for my child's participation in this event.

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

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

***Declaration to Practice the Catholic Faith***  
**For Catholic Parents & Students of 2020-2021 CCD Program/Religious Education Program**  
**Historic St Patrick's Catholic Church, Bloomington**

Print Parent's name(s) here:

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As a member of the Catholic Faith, I understand the necessity to foster prayer and virtuous living within our family home as well as the lives of our children and that we parents are, in fact, *the primary educators of our children in the ways of our Catholic Christian Faith*. Furthermore, I am mindful of the serious moral obligation I have as a member of the Catholic Church and as a parishioner of Historic St. Patrick Parish in Bloomington, Illinois, in order to honor and obey the *Third Holy commandment of God and His Church*, hereby promise to attend Holy Mass every Sunday(or Saturday vigil Mass) and the Holy Days of Obligation. Further, I promise to assure that my children, for whom I am morally responsible as a parent (or guardian), attend the Holy Mass on Sundays and Holy Days of Obligation as well. I understand that the parish pastor, Fr. Jeffrey Stirniman, prefers me and my children to attend, whenever possible, Sunday and Holy Days of Obligation Masses at Historic St Patrick's Church as a family, to foster a sense of Catholic Christian community at our home parish. Lastly, I promise to do my best to see that my children attend CCD classes and related events whenever reasonably possible.

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(Signature of Parent/Guardian)

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(Signature of Parent/Guardian)

As a CCD student at Historic St Patrick's Parish, I understand that Jesus wants and expects me to do my best to pray every day, to live as His friend and disciple, and to attend Mass every Sunday and Holy Day of Obligation. I also understand the promise my parent(s) / guardian(s) have agreed to above.

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(Signature of First Student)

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(Signature of Second Student)

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(Signature of Third Student)

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(Signature of Fourth Student)