

Guidelines for Parents of CCD Students
2025-2026 School Year
at Holy Trinity & Historic St Patrick Church
[Updated: March 2025]

Welcome to the Holy Trinity & Historic St. Patrick CCD program. Signing your children up for Wednesday CCD is an important decision on your part for your child(ren)'s Catholic Faith development. The CCD teachers and I are proud to play a part in this important development.

It is vital that parents realize the CCD program is only a *supplement* to your child(ren)'s Faith development and knowledge. No CCD, including Holy Trinity's & Historic St. Patrick's, can inform and form your child(ren) in all they should know for their particular grade level. Therefore, it is absolutely necessary that you, as parents, familiarize yourself with the material your child is learning. In addition, you need to be directly involved with the Faith-development 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-development knowledge and formation. The CCD teachers at Holy Trinity & 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 Holy Trinity & 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 CCD students in the Holy Trinity & Historic St. Patrick CCD Program:

1. Both parents and children must sign the *Declaration to Practice the Catholic Faith* and return to Lucy Reynolds.
2. Both parents and children must be registered and practicing members of Holy Trinity or Historic St. Patrick Catholic Church.
3. Parents are expected to bring their children to Wednesday CCD on time to every scheduled class--- which begins at 6:00pm for grades 7-8 and 6:15pm for grades 1-6. If they are unable to attend class on a particular Wednesday, the parents should let Lucy Reynolds know (lmreynolds@holytrinitybloomington.org or 309.829.8662) --- 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---at 7:15pm.
4. The parents are expected to review with their child(ren) the information covered the past Wednesday, 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 possible.
5. The parents will be expected to make sure their children have *all* and *bring all* the proper materials necessary for every Wednesday CCD class. Proper materials will be determined by the child's teacher.

[OVER]

6. Parents are expected to fulfill the serious obligation of attending weekly Mass, and to attend Holy Trinity or 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 the Third Commandment ('Keep Holy the Lord's Day') 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 \$85.00 per child to supplement the cost to the parish of your child's CCD materials. If the parents have not already done so, they will be expected to do this at the first session. If you need financial assistance, please contact Lucy Reynolds.

8. The *Schedule for CCD at Holy Trinity & Historic St. Patrick Catholic Church 2025-2026* will be provided for you. Please become familiar with the schedule.

9. In the case of inclement weather on any given Wednesday for a possible cancellation, you will be notified by email. Cancellations will also appear on the Holy Trinity & Historic St. Patrick Church's website. If your child(ren)'s school is cancelled on a Wednesday due to weather, we will not have CCD.

Again, I welcome you and your children to Holy Trinity & Historic St. Patrick Catholic Church CCD program. If you have concerns or questions, please call Lucy Reynolds, our Coordinator of CCD, at 309.829.8662.

May God bless you and your family,

Lucy Reynolds, Director of Religious Education
Holy Trinity and Historic St Patrick Parishes
Bloomington, Illinois

Cc: Father S.P. Loftus, Pastor

Dear Parent,

Attached is a copy of the Holy Trinity Religious Education Program registration form for the public-school children. One form per family is necessary.

The fee is \$85.00 per child or \$240.00 for 3 or more children. You may pay when you return the form or the first night of classes.

Each year we publish a list of students in each class with their phone numbers, addresses and parent's name. The purpose of this listing is:

- ❖ To help families get to know who is in their child's religion class;
- ❖ Help with car pooling;
- ❖ 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,
Lucy Reynolds – CCD Coordinator
829-8662

_____ I give my permission to publish my name, address, phone number & child's name.

_____ I do not give my permission to publish my name, address, phone number & child's name.

_____ You may include my child's name, but not my name, address or phone number.

Family Name: _____

Email Address: _____

Child's Name _____

Signature: _____

**Holy Trinity & Historic St. Patrick
CCD Registration
711 N. Main St.
Bloomington, IL 61701**

Family Last Name: _____

Mailing Address: _____

City: _____ Zip Code: _____

Home Phone #: _____ Unlisted: Y N

Registered at Holy Church or Historic St. Patrick Church? Y N

Parents

Relationship to Child: _____ Relationship to Child: _____

Name: _____ Name: _____

Cell Phone #: _____ Cell Phone #: _____

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: _____

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 judgement of medical authorities at the facility.

This authorization for Emergency Medical Treatment is valid for one from August 1, 2025 through July 31, 2026

Signature of Parent/Guardian: _____ Date: _____

(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 Co.: _____ Plan #: _____ Employee ID: _____

Student Name: _____ Birthdate: _____ Sex: M F

Grade: _____ School: _____ Language: _____

Date	Place of Sacrament	Address of Church (Baptism Only)
Baptism: ____/____/____	_____	_____
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List any medications the student is presently taking: _____

Other pertinent medical information: _____

Insurance Co.: _____ Plan #: _____ Employee ID: _____

For Parents Only...

YOU ARE NEEDED!!

In order to provide religious education and faith experiences for our CCD children, we need your help.

_____ **TEACHER** – sharing your faith with the young people, use well written texts to teach about the Catholic faith, receive help in teaching, receive rewards too great to express in words.

_____ **SUBSTITUE TEACHER** – occasionally called to take over a class for a teacher. Lesson plans are provided.

_____ **TEACHER'S AIDE** – assist teacher weekly during class with classroom activities. It's a great way to see what is happening in class and learn more about how to teach a class.

_____ **OFFICE WORK** – help on Wednesday evening with record keeping, attendance, etc.

_____ **LISTENING TO PRAYERS** – occasionally listen to children recite prayers at the various grade levels.

_____ **OTHER** – Share your special gifts or talents with the students – play the piano, artwork, etc.

Please complete this form and return it to your child's teacher or mail to
Holy Trinity Church, Religious Education Office, 711 N. Main St., Bloomington, IL 61701.

TAHNK YOU VERY MUCH !

Name: _____

Address: _____

Phone #: _____

Declaration to Practice the Catholic Faith
For Catholic Parents & Students of 2025-2026 CCD Program
Holy Trinity & Historic St. Patrick Churches, Bloomington, IL

Print Parent's name(s) here:

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 Holy Trinity/ 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. S.P. Loftus, prefers me and my children to attend, whenever possible, Sunday and Holy Days of Obligation Masses at Holy Trinity/ Historic St. Patrick 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.

(Signature of Parent/Guardian)

(Signature of Parent/Guardian)

As a CCD student at Holy Trinity/Historic St. Patrick Church, 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.

(Signature of First Student)

(Signature of Second Student)

(Signature of Third Student)

(Signature of Fourth Student)

Publicity Release Form
For Catholic Parents/Guardians of 2025-2026 CCD Program
Holy Trinity & Historic St. Patrick Parishes
Bloomington, IL

Videotaping and Still Photographs

Still photographs and videotaping may be taken during Religious Education (CCD). This authorization form constitutes permission for my child(ren)'s participation in videotaping, and/or, still photographs which may be used for future promotional efforts, including the Holy Trinity/Historic St. Patrick publications, bulletin, and website.

Parents/Guardians Names: _____
(First Names – Please Print)

Family Name: _____
(Last Name – Please Print)

Child's Name:

Grade Level:

Parent/Guardian Signature:

Date:
