



St. Joseph Parish
371 E. Main Street
Middletown, DE 19709
302-378-5800
mkirk@stjosephmiddletown.com

Reconciliation and Eucharist Registration 2017-2018

Dear Reconciliation and Eucharist Families,

Welcome to the Reconciliation and Eucharist Sacramental Preparation Program for 2017-2018. **This is a separate program from the Parish Religious Education Program and has a separate schedule, a separate registration form, and a separate fee of \$70. A copy of "Form A Annual Consent and Release" must be filled out and submitted for each student at the time of registration.** We accept several methods of payment for your convenience. If your family is experiencing financial difficulty, please contact the Religious Education office. No child will be denied enrollment because of an inability to pay tuition fees. **Registrations are due by September 1, 2017.** Your child is eligible to register for the preparation of these sacraments after they have completed grade one of religious education and are enrolled in grade two. **If your child completed grade one at a Catholic school or another parish religious education program you must provide official documentation of their attendance with this registration. In addition, if your child was not baptized at St. Joseph Parish, you must provide a copy of their baptismal certificate or we will be unable to process your registration.**

Parents catechize their child in preparation to receive these sacraments. The parish, in support of this effort, offers two parent meetings which provide an overview of Reconciliation and Eucharist respectively. Student textbooks are distributed at each of these meetings. The students attend a Reconciliation Gathering and a Eucharist Retreat, both of which reinforce the concepts taught at home by the parent. The dates for these and all other required meetings are provided in the schedule included in this packet. Please review the schedule carefully before registering your child for these sacraments.

Should you have any questions, please do not hesitate to call the Religious Education office at 302.378.5800, ext. 107. We look forward to working with you and your child.

Sincerely,

Mary M. Kirk
Director of Religious Education

Reconciliation and Eucharist Sacrament Preparation Schedule 2017-2018

Reconciliation Parent Gathering -Monday, September 18, 2017 - 6:30 to 7:30 PM -Parish Hall

Parent & Child Formation -Monday, October 2, 2017-6:30 to 7:30 PM -Parish Center

Reconciliation Child Gathering -Saturday, November 4, 2017-9:00 am to 11:30 AM –Parish Center

First Penance Celebration – Saturday, November 18, 2017- 11:00 am *or* 1:00 PM –St. Joseph Church

First Eucharist Parent & Child Gathering -Saturday, January 20, 2018 - 3:30-4:30 PM - Parish Center followed by the **Mass Blessing** at 5:00 Mass at St. Joseph Church, where the children and their families will be acknowledged and blessed as they start their preparation for First Eucharist.

Parent & Child Formation - Monday, February 5, 2018 -6:30 to 7:30 PM -Parish Center

Children's Eucharist Retreat - Saturday, March 17, 2018 - 9:00 am to 11:30 AM -Parish Center

First Eucharist

Dates TBD- Spring of 2018

Reconciliation and Eucharist Registration 2017-2018

Student's Name _____ Student's Date of Birth _____

Street Address _____ City _____ State _____ Zip _____

Father's Full Name _____ Home Phone/ _____ Cell / _____ Work _____

Mother's Full Name _____ Home Phone/ _____ Cell / _____ Work _____

Was the student baptized at St. Joseph Parish? Yes _____ No _____
(If no, you must attach a copy of their baptismal certificate before your registration can be processed)

Did the student complete their **first year** of Religious Education at St. Joseph Parish? Yes _____ No _____
(If no, you must attach official documentation reflecting attendance at your previous parish or school before your registration can be processed)

Indicate any allergies, medical conditions, or special needs: _____

Registration confirmation will be sent via e-mail to this address: _____
This address may also be used to inform you of any changes or updates in the program.

Participation Contract: Please read the following statements carefully before signing:

- I acknowledge that I have reviewed the schedule of sacrament preparation.
- Attendance at the scheduled meetings is mandatory. Failure to attend these meetings may result in dismissal from the program.

I have read and fully understand the aforementioned statements:

Parent/Guardian Signature _____ Date: ____/____/____

The fee for the Reconciliation/ Eucharist program is \$70.00 per child.

We accept several methods of payment:

- _____ Cash
- _____ Check
- _____ Credit/Debit Card

_____ Visa	_____ Mastercard
_____ Discover	_____ American Express
Name as it appears on Credit/Debit Card: _____	
Card Number: _____ - _____ - _____ - _____	
Expiration Date: ____/____	
Credit Card Authorization Signature: _____	

If your family is experiencing extraordinary financial difficulty, contact the Religious Education office at 302.378.5800, ext. 108. No child will be denied enrollment because of an inability to pay. All information is confidential.

FORM A: ANNUAL CONSENT AND RELEASE



DIOCESE OF WILMINGTON PARISH/INSTITUTION ANNUAL PARENTAL CONSENT AND RELEASE FORM

PARISH/SCHOOL St. Joseph Parish 371 E. Main Street, Middletown, DE 19709

Personal Information

Full Name of Child			
Address			
City	State	Zip	
Home Phone	Date of Birth ____/____/____	Age	
Family E-Mail			
Secondary Parent E-Mail	Emergency Cell Phone		

Medical Information

Family Doctor	Phone	
Family Dentist	Phone	
Insurance Provider	Policy#	Acct./ID#

- * Yes No Has the young person ever been seen by a heart specialist for a heart condition?
- * Yes No Has the young person had a broken bone in the past six (6) months?
- * Yes No Has the young person had surgery in the past six (6) months?
- * Yes No Is the young person currently taking prescribed medication(s) that could inhibit strenuous physical activity?
- * Yes No Is the young person allergic to bee stings?*
- * Yes No Does the young person have asthma?*
- * Yes No Are there any serious medical conditions of which the Youth Minister or Director/ Coordinator of Religious Education should be aware?*

**If you answered 'yes' to any of the above, it is the responsibility of the parent/guardian to check with parish/school representatives to ensure those items identified with an * above will not endanger the young person.*

Current Prescription Medications

Please list all allergies related to medicine, food, latex, etc.

Parent/Guardian Information (Mother)

Full Name of Mother/Stepmother		
Home Phone	Cell Phone	
Place of Employment		
Work Phone		

Parent/Guardian Information (Father)

Full Name of Father/Stepfather		
Home Phone	Cell Phone	
Place of Employment		
Work Phone		

School Grade (Fall 2017)

In Case of Emergency

The following procedures are in place if your child becomes sick or injured, or needs to be sent home for disciplinary reasons. Calls will be made to the following numbers, in the following order.

1. Home
2. Cell phones of Mother/Father/Guardian
3. Place of Employment for Mother/Father/Guardian
4. Ambulance for transportation of child to medical facility (in case of injury). In case of a major injury that requires immediate medical attention, an ambulance may be called first.

Staff will continue to call the parents or guardians until one is reached. Please note: information on this form will be shared with emergency medical staff.

Personal Electronic Technology Devices (PTD)

All extraneous personally owned technology devices (PTD), including, but not limited to, cellular phones, BlackBerrys, pagers, beepers, gaming devices, headsets, and other communication devices are for use only during an actual lock down or emergency. Other devices, including, but not limited to, tablet PCs, mobile presenters, wireless tablets, digital audio and video recorders, Palms, Sidekicks, iPods, Kindles, iPads, MP3 players, texting calculators, camera video phones, digital cameras or laptops are to be used only when permission has been granted by an institutional or organizational employee with the authority to grant such permission. Devices capable of capturing, transmitting, or storing images or recordings may never be accessed, turned on or operated in restrooms, dressing rooms, or other areas where there is a reasonable expectation of privacy. To protect the safety and well-being of students, staff and other community member's personal property and to avoid disruptions to the learning environment; group leaders, teachers, or school personnel reserve the right to confiscate or collect any PTD. A designated group leader or official as part of any investigation of policy violation or other suspected inappropriate, immoral and/or illegal use may review the content of any PTD device. If an illegal act is discovered, local law enforcement officials will be contacted. The Catholic Diocese of Wilmington and its parishes and organizations are not responsible for any harm to PTDs, including by not limited to the loss, theft, damage, or destruction of PTDs or any contents therein.

Permission and Hold Harmless

I hereby give my consent for the above named individual to participate in the above named parish/school youth activity(ies) during the current program year. **I authorize** responsible personnel to obtain proper medical treatments should it become necessary. Excluding intentional, deliberately-inflicted and illegally caused injuries, **I further agree**, in consideration of the above named parish's sponsorship of beneficial youth programs, to release the above named parish, the Catholic Diocese of Wilmington, and all of their employees, directors, administrators, youth ministers and volunteers from all legal liability for accidental injuries suffered by my child as a result of participation in athletic activities, or travel to and from any officially sanctioned event.

If I cannot be reached and the parish/school authorities have followed the procedures described, **I agree to assume all expenses** for transporting and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures which may be carried out based on the medical judgment of attending physician.

I understand that the Diocese of Wilmington and its staff are committed to providing fun, safe, educational experiences and that diocesan events are conducted in smoke-, alcohol-, and drug-free environments. In light of this, and to help ensure the safety of all concerned, I understand that if my child is in possession of drugs, alcohol, or tobacco products, engages in illegal, immoral, or offensive behaviors, or refuses to follow the directions given by event staff or volunteers while participating in this activity, I will be contacted immediately to pick up my child.

I understand that promotional pictures (individual and group) may be taken during officially sanctioned events. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event. I understand, however, that the above named parish/institution has no control over the use of photograph or film taken by media or private vendors that may be covering events.

I affirm that the information above is true and correct and may be shared with school personnel on a "need to know" basis.

Signature of Parent/Guardian: _____

Relationship to Participant: _____ **Date:** _____