

# Holy Family Church

Oglesby, Illinois



"You are not foreigners or strangers any longer: you are now members of the Family of God." cf. Ephesians 2:19

Dear Parents,

Passing on the faith and life of Jesus Christ is the most important gift and duty we owe our children. Holy Family Parish and School is happy and honored to partner with you in this formation.

Our Confraternity of Christian Doctrine program (CCD) is led by the parish school and our full time Holy Family teachers. They are licensed for the classroom and trained in Catholic School curriculum.

Our program will run on Wednesdays from 4 until 5pm, beginning September 20th. A full class schedule is attached. This is a consolidated schedule, so we ask that children only miss classes due to exceptional circumstances. We can provide religious instruction letters to any extracurricular coach or leaders who require them.

A registration form is attached. If possible, we ask that the \$150 per family fee be returned with the registration form by September 3rd. The fee covers only a fraction of the total costs; the program is still heavily subsidized by the parish and school. We will, however, find scholarships for any family that needs assistance. We are here to help!

Prayers for you and your families as we begin this new school year,

Fr. Paul Carlson



# Holy Family CCD Registration



Welcome! Please complete the following and return, with the waiver sheet and fees, to the Parish Office - or drop in the Sunday Collection.

Registration Date

## Family Information

Father's Name

Father's Name

Father's Cell

Father's Cell

Father's Email

Father's Email

Home Street Address

Home Street Address

Emergency Adult Contact

Emergency Adult Contact

Best Family Phone for Text Announcements

Best Family Phone for Text Announcements

Mother's Name

Mother's Name

Mother's Cell

Mother's Cell

Mother's Email

Mother's Email

City, State

City, State

Zip Code

Zip Code

Emergency Contact's Cell

Emergency Contact's Cell

Emergency Contact Relationship (eg: Grandparent, Aunt, etc.)

Emergency Contact Relationship (eg: Grandparent, Aunt, etc.)

## Student Information (1st)

Student First Name

Student First Name

Last Name

Last Name

Middle Name

Middle Name

Suffix

Suffix

Goes By (Nickname)

Goes By (Nickname)

Date of Birth

Date of Birth

City of Birth

City of Birth

Grade Entering

Grade Entering

Gender

Gender

Date of Baptism

Date of Baptism

Church

Church

City and State

City and State

Date of First Communion

Date of First Communion

Church

Church

City and State

City and State

## Student Information (2nd)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student First Name	Last Name	Middle Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Goes By (Nickname)	Date of Birth	City of Birth	Grade Entering
<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Baptism	Church	City and State	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of First Communion	Church	City and State	

## Student Information (3rd)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student First Name	Last Name	Middle Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Goes By (Nickname)	Date of Birth	City of Birth	Grade Entering
<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Baptism	Church	City and State	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of First Communion	Church	City and State	

We ask this registration, waiver sheet, and fees be returned to the Parish Office by **September 3rd, 2023**.

**The first day of class is Wednesday, September 20th.**

Fees for this year are \$150 per family. Scholarships are available in case of need.

Contact us with any questions!

**Fr. Paul Carlson, Pastor**  
**Mrs. Jennifer Newman, Secretary**

**311 N. Woodland Ave - Office**  
**336 Alice Ave - School**  
**Oglesby, IL 61348**

**Ph (815) 883 - 8233**  
**Fx (815) 883 - 8771**

**office@hfoglesby.org**

## Holy Family Religious Education Schedule 2023 – 2024

### Semester 1

9/20/2023	Class 1
9/27/2023	Class 2
10/4/2023	Class 3
10/11/2023	Class 4
10/18/2023	Class 5
10/25/2023	Class 6
11/1/2023	Class 7
11/8/2023	Class 8
11/15/2023	Class 9
11/22/2023	Thanksgiving Break
11/29/2023	Class 10
12/6/2023	Class 11
12/13/2023	OPS Holiday Program
12/20/2023	Class 12
12/27/2023	Christmas Break

### Semester 2

1/3/2024	Christmas Break
1/10/2024	Class 13
1/17/2024	Class 14
1/24/2024	Class 15
1/31/2024	Catholic Schools Week
2/7/2024	Class 16
2/14/2024	Mass - Ash Wednesday
2/21/2024	Class 17
2/28/2024	Class 18
3/6/2024	Class 19
3/13/2024	Class 20
3/20/2024	Class 21
3/27/2024	Class 22
4/3/2024	Spring Break
4/10/2024	Class 23
4/17/2024	Class 24
4/24/2024	Class 25
5/1/2024	Class 26
5/8/2024	Class 27

Classes begin promptly at Holy Family School at 4pm. First Communion is scheduled for Sunday, May 5<sup>th</sup> at 1pm. Our Confirmation is October 29<sup>th</sup> at the Peoria Cathedral for current 8<sup>th</sup> grade students who made their preparation last year. Please contact the parish office ([office@hfoglesby.org](mailto:office@hfoglesby.org)) with any questions or to report an upcoming absence.

# CCD Program Medical and Liability Waivers

## **AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

I understand that in case of illness or injury to my child, the parish will try to notify me or the person I have listed as an emergency contact. In case of said emergency, at a time when I or my emergency contact cannot be notified, I grant full power to the parish and school to 1) arrange transportation to a proper facility where medical treatment would be administered, and 2) sign releases as may be required in order to obtain treatment as is required in judgment of medical authorities at the facility. This Authorization for Emergency Medical Treatment is valid for one year from August 1, 2023 through July 31, 2024. This information will be kept in parish files.

\_\_\_\_\_  
Print Name of Parent/Guardian

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

\_\_\_\_\_  
Date

## **LIABILITY WAIVER**

As a parent and/or guardian, I remain legally responsible for any personal actions taken by the above named student. I understand the risks this activity may present to my child, including, but not limited to, a serious personal injury or death. In consideration of my child being allowed to participate in this activity, I hereby release and agree to indemnify and hold harmless the Diocese of Peoria, the parishes, teachers, chaperones, volunteers, or representative associated with the event and their employees and agents from any liability for injuries, damages, medical expenses, or any other loss to my child family, or me (including attorney's fees) arising from or related to my child's participation in this activity.

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

\_\_\_\_\_  
Date

## **PUBLICITY WAIVER**

On occasion, the parishes and school named above take photographs or make an audio or video recording of children and/or adults involved in parish activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio-visual records may be used in parish and school publications or advertising materials to let others know about the parish. Also, local news organizations may learn about the parish's activities or events, and the parishes may invite or allow when to photograph or record such events to be used, distributed, or displayed as the agents of the parishes and school see fit.

I hereby expressly grant to the parishes and school named above and/or the Diocese of Peoria and Parishes the right, privilege and license to use the picture or likeness of my child/children in any photograph, movie, video production and to use the verbal or written statements or declarations of my child/children for the purpose of publicizing fostering and promoting the parish and its programs, or any other purpose in furtherance of the mission of the parish and/or the Diocese of Peoria.

\_\_\_\_\_  
Name(s) of Student(s)

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

\_\_\_\_\_  
Date