

# YOUTH FAITH FORMATION

## Welcome to Holy Family Catholic Church Youth Faith Formation

As we gear-up to yet another Faith formation year, it is with great joy to recognize the good encounters we all experienced last year.

It is now eight months since I took over with Youth Faith Formation (9<sup>th</sup>-11<sup>th</sup> Grades). It was during the Sacrament of Confirmation that all the dots connected for me, personally, and it was the Eucharist that finally opened my eyes to the reality of God, His love, and the truth of His Church.

High school years in Faith Formation, are years of preparation for Confirmation as a journey not a destination, much like Emmaus did not end their journey but deepened and prolonged it (Luke 24:32-35). Confirmation is when the student begins to fully realize how gifted and talented they are as beacons of Faith in their families and parish community. However, this beautiful journey cannot be accomplished a lone, they need our ardent support and above all they need the presence and support of their families and friends.

Know that we, as staff at Holy Family, believe in you and are praying for you during this journey.

Please, feel free to contact me for any questions, suggestions or concerns.

A peaceful and blessed year

Noah Makubuya

Youth Faith Formation Coordinator

[nmakubuya@holyfamilywoodruff.org](mailto:nmakubuya@holyfamilywoodruff.org) or 715-356-6284 ext. 162

### Registration

Stop by Church to register for Faith Formation Classes:

- ✓ August 21<sup>st</sup> – noon until 7 pm
- ✓ August 23<sup>rd</sup> – noon until 7 pm
- ✓ August 24<sup>th</sup> – noon until 7 pm

Online forms can be accessed at:

- ✓ <http://www.holyfamilywoodruff.org/youth-faith-formation>

### Open House

Youth Faith Formation  
Open-house on  
**Wednesday, September  
19<sup>th</sup> 7pm-8:30pm:**

- Sign up for serving & choir
- Meet your teachers

Know and find your  
classroom.

# HOLY FAMILY, YOUTH FF 2018 - 2019, GRADES 9 - 12 TIME: 7P - 8:30P

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

- July
- 4 Independence day
  - 15-20 Totus Tuus
  - FF special events at Church
  - FF class days

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

- August
- 22 Interview for Confrir candidates 6P - 7p

Su	M	Tu	W	Th	F	Sa
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

- September
- 3 Labor Day
  - 12 Chain of Faith Ritual & Rehearsals 6:30P - 8:30P
  - 16 Confirmation day at 10Am Mass
  - 19 YFF Open House 7p - 8:30P
  - 26 FF begins

Su	M	Tu	W	Th	F	Sa
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

- October
- 8 Columbus Day

Su	M	Tu	W	Th	F	Sa
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4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

- November
- 11 Veterans Day
  - 4 Daylight Saving
  - 21-22 Thanksgiving Holiday

Su	M	Tu	W	Th	F	Sa
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

- December
- 24 Christmas Eve
  - 25 Christmas Day
  - 31 New Year's Eve
  - 23-31 Xmas holiday

Su	M	Tu	W	Th	F	Sa
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6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

- January
- 1 New Year's Day
  - 21 Martin Luther King Jr. Day
  - 16 Discussion about our muslim brothers and sisters

Su	M	Tu	W	Th	F	Sa
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10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

- February
- 18 President's Day
  - 27 Beauty of Liturgy & Music Ed Bell 7p-8:30p

Su	M	Tu	W	Th	F	Sa
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10	11	12	13	14	15	16
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24	25	26	27	28	29	30
31						

- March
- 17 St. Patrick's Day
  - 6 Ash Wednesday Mass
  - 20 Vocations Talk Sr. Julia, Fr. Pat 7p-8:30p

Su	M	Tu	W	Th	F	Sa
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7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

- April
- 18-20 Good Friday Liturgy and Youths involved
  - 21 Easter Sunday

Su	M	Tu	W	Th	F	Sa
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

- May
- 27 Memorial Day
  - 1 Last class of FF and Farewell Mass at 4P
  - 25-26 Blessing of Senior Class during weekend Masses

Su	M	Tu	W	Th	F	Sa
						1
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

- June
- SAVE THE DATE
  - May 4-Jun 23 OBOC stock sales
  - Jun 28-Jul 2 OBOC 2019 in Indiana

# YOUTH FAITH FORMATION REGISTRATION 2018-2019: Grades 9-11

Mail to: HOLY FAMILY  
 Attn: YFF Registration  
 8950 Hwy. J  
 Woodruff, WI 54568  
 (715) 356-6284 ext. 162

For Office Use Only:  
 \_\_\_\_\_ # \_\_\_\_\_  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ S/E: Y \_\_\_ N \_\_\_  
 \$ \_\_\_\_\_ # \_\_\_\_\_ I/L: Y \_\_\_ N \_\_\_

----- PLEASE PRINT ----- PLEASE PRINT -----

Parents: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

STREET/PO BOX
TOWN
ZIP
COUNTY

*Additional student home information if different from above:*

Parent: \_\_\_\_\_ Address: \_\_\_\_\_

Mom: cell (\_\_\_\_) \_\_\_\_-\_\_\_\_ work (\_\_\_\_) \_\_\_\_-\_\_\_\_ Dad: cell (\_\_\_\_) \_\_\_\_-\_\_\_\_ work (\_\_\_\_) \_\_\_\_-\_\_\_\_

Are both parents Catholic? \_\_\_ Yes \_\_\_ No If not, who and other religion? \_\_\_\_\_

School Students Attend: \_\_\_\_\_

**\*\*Please complete Sacrament section if new to program or not already on file:**

Student Name <i>First Last</i>	Birth Date <i>MM/DD/YY</i>	Grade	**Baptism <i>Check (✓) if celebrated List Parish Name/City if not Holy Family or previous cluster</i>	**Eucharist/ Reconciliation <i>Check (✓) if celebrated List Parish Name/City if not Holy Family or previous cluster</i>	Please indicate what ministries you would like your child get involved into

We are stream-lining our paperwork while increasing electronic availability and transitioning to email-based YFF communications. Please provide the following information for use by YFF staff and catechists:

Parent email(s) \_\_\_\_\_

student: name \_\_\_\_\_ email \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_-\_\_\_\_ texts? \_\_\_Y \_\_\_N

student: name \_\_\_\_\_ email \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_-\_\_\_\_ texts? \_\_\_Y \_\_\_N

**Parent involvement is necessary to create and maintain a sacred and safe environment for our youth to learn and grow in their faith. Indicate which area of stewardship you can assist:**

*Those interested in volunteering agree to have a background screening, complete appropriate paperwork and attend a Basic Adult Safe Environment (BASE) session, which now is completed online.*

Name of volunteer(s): \_\_\_\_\_ Daytime contact # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Catechist \_\_\_\_\_

Classroom aide \_\_\_\_\_

Chaperone for Youth events \_\_\_\_\_

Substitute Catechist \_\_\_\_\_

**To help us better prepare for your child – recruit and train volunteers, obtain materials, etc.,**

**PLEASE RETURN REGISTRATION BY SEPT 15.**

**TUITION: \$30.00** for 1 child, **\$60.00** for 2 children, or **\$75.00** for three or more children from same family. No one is turned away due to inability to pay – however, this form must still be on file.

**This is a two sided form – complete other side before returning paperwork!**

AMOUNT ENCLOSED

The following information will be used for 2018/2019 weekly classes and 2018/2019 events requiring such permissions.

Family Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Family Physician/Clinic: \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist/Clinic: \_\_\_\_\_ Phone \_\_\_\_\_

In the event of an illness, injury, or emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

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

In the event of an emergency, if you are unable to reach me at the above numbers, please contact:

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

Phone numbers - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

I further understand that if I cannot be reached, or if the emergency contact that I have listed above cannot be reached, and my child/ward is in need of immediate medical care, the parish/school/DOS reserves the right to make a temporary decision that is in the best interest of my child/ward until such a time when I can be reached.

**COMPLETE ONE SECTION FOR EACH \*\*CHILD REGISTERED:**

\*\*Child's Full Legal Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Allergies: \_\_\_ NO \_\_\_ YES, Please List \_\_\_\_\_

Treatment: \_\_\_\_\_

Medications: \_\_\_\_\_

Recent surgeries or illness: \_\_\_\_\_ Date of last tetanus: \_\_\_/\_\_\_/\_\_\_

IEP in regular education setting? \_\_\_NO \_\_\_YES

Please provide medical information, behavioral or learning considerations, or other special needs:

\_\_\_\_\_  
\_\_\_\_\_

\*\* Child's Full Legal Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Allergies: \_\_\_ NO \_\_\_ YES, Please List \_\_\_\_\_

Treatment: \_\_\_\_\_

Medications: \_\_\_\_\_

Recent surgeries or illness: \_\_\_\_\_ Date of last tetanus: \_\_\_/\_\_\_/\_\_\_

IEP in regular education setting? \_\_\_NO \_\_\_YES

Please provide medical information, behavioral or learning considerations, or other special needs:

\_\_\_\_\_  
\_\_\_\_\_

\*\* Child's Full Legal Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Allergies: \_\_\_ NO \_\_\_ YES, Please List \_\_\_\_\_

Treatment: \_\_\_\_\_

Medications: \_\_\_\_\_

Recent surgeries or illness: \_\_\_\_\_ Date of last tetanus: \_\_\_/\_\_\_/\_\_\_

IEP in regular education setting? \_\_\_NO \_\_\_YES

Please provide medical information, behavioral or learning considerations, or other special needs:

\_\_\_\_\_  
\_\_\_\_\_

Dear Parent or Guardian,

As a parish community, we want to protect children from those who might want to harm them, but no child can be supervised every moment of the day. Holy Family Catholic Church (The Children’s Faith Formation Program) will be offering training designed to help your child recognize unhealthy relationships, appropriate ways to reduce the likelihood of being abused, and how to get help from others. This training will help your child recognize his or her value as a person created in the image and likeness of God; knowing that each person is deserving of love and respect. It will teach your child age-appropriate ways he/she can reduce the likelihood of being abused and ways to get help from others.

This training is a response to the mandate of the United States Conference of Catholic Bishops’ Charter for the Protection of Children and Youth: Promise to Protect, Pledge to Heal regarding the sexual abuse of children. The children at Holy Family will learn this content on one chosen Wednesday during their regular class time.

Please be aware that your child(ren) will participate in this training unless we receive a signed, written notice of your refusal. Refusals made by phone or email will not be accepted. Please note that if we do not receive this permission form back, your child will join his/her peers for this important learning lesson.

A Safe Environment Parent Guide will be made available to our faith formation families. The parent guide is designed to help parents educate their children on these important issues and to continue the conversation the parish sessions help to start.

Sincerely,

Noah Makubuya

Coordinator Youth Faith Formation  
[nmakubuya@holyfamilywoodruff.org](mailto:nmakubuya@holyfamilywoodruff.org)  
715-356-6284 ext. 162

----- PLEASE SIGN AND RETURN NO LATER THAN SEPTEMBER 25TH -----  
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Child's Name: \_\_\_\_\_ Child's Grade: \_\_\_\_\_  
(Please print)

\_\_\_\_ Yes, I would like my child to participate in the Safe Environment training described above.

\_\_\_\_ No, I do not want my child to participate in the Charter Safe Environment training described above. I understand that if I refuse to allow my child to participate in this training session, I will use the Parent Guide I have received from the parish to help me educate my child regarding these important issues. I will keep my child home on the lesson date.

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

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

Diocese of Superior  
**Youth Image and Likeness Release Form**

The Diocese of Superior and its affiliated parishes and schools may wish to use an image of your child in both print and electronic publicity. It is the practice of the Diocese of Superior to protect all children at all times including the public use of their images. This document has been developed to inform parents and guardians of their right to grant or refuse permission for their child's image and likeness to be used in Diocesan and affiliated parish and school media and promotional materials.

Permission to use any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which your child may appear may include promotional activities such as, but not limited to, websites, social media sites, newsprint, flyers or brochures. We reserve the right to determine which image and likeness is used and how long it will remain on the site or is used in media materials.

Diocesan Department, Parish or School Initiating this form: Holy Family Catholic Church

Contact person: Noah Makubuya

Phone: 715.356.6284 ext. 162

Email: [nmakubuya@holyfamilywoodruff.org](mailto:nmakubuya@holyfamilywoodruff.org)

Fax: 715.356.2940

*Parents and Guardians:*

*Please carefully read the statements below. Indicate your permission or refusal of permission by signing and dating the appropriate statement.*

**YES**, I give permission to the Diocese of Superior and affiliated parishes and schools to use my child's image and likeness for above-said use.

Child's name \_\_\_\_\_

Child's name \_\_\_\_\_

Child's name \_\_\_\_\_

I understand that both print and electronic media have a very large audience and that my child(ren)'s photographic image may have an extremely wide distribution.

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NO**, I do not give permission to the Diocese of Superior and affiliated parishes to use my child's image and likeness for above-said use.

Child's name \_\_\_\_\_

Child's name \_\_\_\_\_

Child's name \_\_\_\_\_

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THIS ENTIRE FORM TO THE CONTACT PERSON LISTED ABOVE.**