



August 22, 2017

Dear Parents and Students,

A new Religious Education year lies ahead at Epiphany of the Lord Parish and with one, noteworthy change: me. As many of you know, Sr. Rita Rogier, CCPS is preparing to retire in the days ahead after nearly twenty years serving Epiphany and its founding parish(es) as Director of Catechesis. On August 1st, I began as the Director of Faith Formation. Don't let the change in title fool you. The majority of my duties are the same as those Sr. Rita held with a few exceptions made at Fr. Mike's discretion.

Having just relocated from Fort Wayne, Indiana, I am very eager to serve the Epiphany community. Everyone has been overwhelmingly welcoming, helpful, and encouraging during my first weeks here. While no major changes to the program are anticipated, please note that there will be differences simply in that I cannot be Sr. Rita any more than Fr. Mike or Fr. Tony can be any of their predecessors. I am sure you will see differences in styles, communication, etc. That's not to say one is better than the other, but like your three churches, I have my own unique way of doing things so I ask for patience and understanding if things don't always turn out as you expected based on previous years.

That said, my door is always open. The first year at any job requires much observing and listening on my part. You will not offend me by letting me (kindly) know about something crucial I missed or why a previous way of doing things was beneficial. I am here to learn from you just as I do hope you learn from me. My prayer is that you will trust me enough to give me open, honest feedback so that I can best serve your families through the Religious Education program and other, related ministries.

I am indebted to Fr. Michael Geiger for entrusting you and your children to me. It is truly an honor to take on this role and it's one I take seriously. Along with you (the parents), your child's godparents, Frs. Mike and Tony, it is my duty to help prepare these young souls for heaven. While I pray it's 80, 90, or 100 years before their soul goes before God, I want to do all I can to help you raise happy, healthy, holy souls.

Please review the calendar found on the reverse and fill out the attached registration and medical consent forms. Please return the forms to the parish office ASAP (preferably no later than Sept. 15th). If possible, please return with full or partial tuition payment. Don't hesitate to contact me with any questions/concerns/needs. For those of you I haven't met yet, I look forward to meeting you the weekend of Sept. 16th and 17th when Fr. Mike introduces me at all the parish Masses. Lastly, I typically have my students call me "Miss Kathy" so feel free to introduce me to your kids as such.

In Christ,

Kathy Fech
"Miss Kathy" Fech



Religious Education Calendar 2017-2018 (Tentative)

Please note all dates/times are subject to change. Parent information sessions for sacramental preparation TBD.

A final calendar will be available on the first day of class.

Sundays, 10-11:15am, St. Thomas Aquinas Campus

Sept. 17, 2017, 11:30 am Catechetical Sunday **No classes, but we urge you to attend the 11:30 am Mass for the blessing of the catechists.**

Sept. 25, 2017 Classes begin

Oct. 1, 8, 15, 22, and 29, 2017 Class

Nov. 5, 12, and 19, 2017 Class

Nov. 26, 2017 *Thanksgiving Break- NO CLASS*

Dec. 3, 10, and 17, 2017 Class

*** Please note that grades 3rd-8th will have the Sacrament of Reconciliation on Dec. 3rd as a part of their class. ***

Dec. 24 and Dec. 31st, 2017 *Christmas and New Year's Break- NO CLASSES*

Jan. 7, 2018 *Epiphany Break- NO CLASS (Parish feast day!!)*



Jan. 14, 21, and 28, 2018 Class

Feb. 4, 11, 18, and 25, 2018 Class

*** Please note that grades 3rd-8th will have the Sacraments of Reconciliation on Feb. 25th as a part of their class. ***

March 4, 11, and 18, 2018 Class

Thursday, March 8, 2018, 6:30 pm **FIRST RECONCILIATION (2nd grade)**
Location TBD

March 25, 2018 *Passion/Palm Sunday- NO CLASS*

While classes aren't in session during Holy Week, we urge you to attend as many of the Triduum services as possible in addition to keeping your Sunday obligation for Palm and Easter Sunday. There is so much catechesis built into these special Masses and services that we feel your child (and you!) will greatly benefit from the experience.

April 1, 2018 *Easter Sunday- NO CLASS*

April 8, 15, and 22, 2018 Class

Sunday, April 15, 2018, 1 pm- 8 pm **CONFIRMATION RETREAT (8th grade)**
Location: TBD

Sat. April 21, 2018, 11 am **CONFIRMATION (8th grade)** Location: Cathedral

Sunday, April 22, 2018, 1-6 pm **PARENT/CHILD FIRST COMMUNION RETREAT (2nd grade)**
Location: TBD

April 29, 2018 Final class, celebration, next year registration Location: TBD

(Parents should plan to attend final class. Thanks in advance!)



RELIGIOUS EDUCATION

Family Last Name _____ Registered at Epiphany? ___YES ___NO

If no, what is parish of registration? _____

Address _____

(street) (city) (state) (zip)

Father's name _____ Cell _____

Father's email _____ Catholic? ___YES ___NO

Mother's name _____ Cell _____

Mother's email _____ Catholic? ___YES ___NO

Child lives with ___ Both parents ___ Primarily mother ___ Primarily father ___ Guardian

If child does not live with both parents, please list additional name/address we should send communication to:

Religious Education classes are for students in grades Pre-K through 8th for students not enrolled in Catholic school. Pre-K/K can be considered optional years, but 1st-8th grade attendance are essential for adequate catechesis and sacramental preparation. **Please note that Pre-K students MUST be 4 years of age AND potty-trained before beginning classes. Please delay 1 year if both of these requirements aren't met. Thanks!**

Fees: \$40 for first child and \$10 for each subsequent child (\$50 for 2, \$60 for 3, etc.)

Number of children (Pre-K to 8th grade) being registered _____

Total owed _____ Amount paid _____ Balance _____ ___ check ___ cash

We kindly request that fees be paid in full by Sunday, October 29, 2017. If you cannot pay in full, please arrange to pay \$5 or \$10 per month until balance is paid off. If you cannot afford \$5/month, please see director about having fees waived. No one will be denied instruction for inability to pay.

Fees are waived for any children of those helping with the program.

Is there a parent interested in helping on Sundays or already committed to doing so?

___ Yes ___ No ___ Maybe, tell me more ___ I can't assist Sundays but want to know how I can help

Name/phone/email of person interested in helping: _____

MEDICAL EMERGENCY INFO

FAMILY LAST NAME _____

CHILDREN'S FIRST NAMES

Please list 2 emergency contacts (other than the parents) who we can reach if parents are unavailable. A non-custodial parent or stepparent may be listed as long as they are different from those listed on the front of the form. Relatives over the age of 16 are acceptable.

Name _____ Relationship (grandparent, neighbor, etc.)

Cell phone _____ Home phone

Name _____ Relationship (grandparent, neighbor, etc.)

Cell phone _____ Home phone

MEDICAL CONSENT- please fill out part I (to grant consent) or part II (refusal to consent)

PART I: To grant consent

Hospital preference _____ Preferred medical providers for
above-named children:

Physician _____ Phone

Dentist _____ Phone

- In the event reasonable attempts to contact me and the above-listed have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-name doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.
- This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of each surgery.
- Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted are to be listed on next page under each child.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

PART II: Refusal to consent

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish for the parish authority to take the following action:

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Child 1 name _____

Birthdate _____

Grade 2017-2018 school year _____ School _____

Child has received: ___ Baptism (church and city) _____

___ 1st Communion (church and city) _____

___ Confirmation (church and city) _____

Please list ANY AND ALL allergies, medications, medical conditions, learning struggles, etc. so we can best serve your student. Attach an additional page, if needed. This information will also be used in case of medical emergency (see prior page).

Child 2 name _____

Birthdate _____

Grade 2017-2018 school year _____ School _____

Child has received: ___ Baptism (church and city) _____

___ 1st Communion (church and city) _____

___ Confirmation (church and city) _____

Please list ANY AND ALL allergies, medications, medical conditions, learning struggles, etc. so we can best serve your student. Attach an additional page, if needed. This information will also be used in case of medical emergency (see prior page).

Child 3 name _____

Birthdate _____

Grade 2017-2018 school year _____ School _____

Child has received: ___ Baptism (church and city) _____

___ 1st Communion (church and city) _____

___ Confirmation (church and city) _____

Please list ANY AND ALL allergies, medications, medical conditions, learning struggles, etc. so we can best serve your student. Attach an additional page, if needed. This information will also be used in case of medical emergency (see prior page).

All medical information regarding the above-named children is true and complete to the best of my knowledge. It is my responsibility to update this information should anything change in the middle of the RE year.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Child 4 name _____

Birthdate _____

Grade 2017-2018 school year _____ School _____

Child has received: ___ Baptism (church and city) _____

___ 1st Communion (church and city) _____

___ Confirmation (church and city) _____

Please list ANY AND ALL allergies, medications, medical conditions, learning struggles, etc. so we can best serve your student. Attach an additional page, if needed. This information will also be used in case of medical emergency (see prior page).

Child 5 name _____

Birthdate _____

Grade 2017-2018 school year _____ School _____

Child has received: ___ Baptism (church and city) _____

___ 1st Communion (church and city) _____

___ Confirmation (church and city) _____

Please list ANY AND ALL allergies, medications, medical conditions, learning struggles, etc. so we can best serve your student. Attach an additional page, if needed. This information will also be used in case of medical emergency (see prior page).

Child 6 name _____

Birthdate _____

Grade 2017-2018 school year _____ School _____

Child has received: ___ Baptism (church and city) _____
___ 1st Communion (church and city) _____
___ Confirmation (church and city) _____

Please list ANY AND ALL allergies, medications, medical conditions, learning struggles, etc. so we can best serve your student. Attach an additional page, if needed. This information will also be used in case of medical emergency (see prior page).

All medical information regarding the above-named children is true and complete to the best of my knowledge. It is my responsibility to update this information should anything change in the middle of the RE year.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____