



St. Thomas the Apostle Catholic Church | 1500 Brookdale Road | Naperville, IL 60563 | www.stapostle.org | 630.355.8980

Year 1 - High School Youth Ministry & Faith Formation Registration: 2023-2024

Greetings High School Parents and Teens of Year 1 Confirmation Preparation!

Our two-year Journey Program focuses on using a variety of methods to prepare high school teens to receive their Sacrament of Confirmation including:

1. **Large Group Catechesis**—These consist of our “Journey Nights”, which are large group, often high-energy, keynote speaking events offered 2-3 times a year, to be attended by BOTH teens and *at least* one parent. **Tentative Journey Night dates for 2023-2024 are as follows:** 10/22/23 & 1/28/24. **Please mark these on your calendar ASAP.**
2. **Small Group Catechesis**—This helps teens build community and explore faith on their level. For Year 1 this means meeting at St. Thomas roughly twice a month in small faith sharing groups or 10 times. Small groups should begin the beginning of October as long as we have enough leaders.
3. **Retreats**—Our Year 1 Journey retreat this year will be on Saturday, March 2nd from 11:30-5:30pm. (Note that our LIFE retreat in Year 2 (required for Confirmation) is a 3-day experience, held at St. Thomas; offered three different times throughout the year for your convenience.)
4. **Service**—A crucial part of our faith is the calling to reach out as the hands and feet of Christ to help those most in need. Candidates for Confirmation are required to complete and document 20 hours of community service for their first year in the program and 10 service hours for the 2nd year. We offer a combination of required service events and optional opportunities throughout the confirmation prep process for teens to get involved in helping others. Some service opportunities will be forthcoming. Service done this summer can count towards hours. Forms can be found on the St. Thomas website under education/high school religious education and youth ministry/sacraments of confirmation program. Click on service forms.
5. **Class Liturgy**—This involves attending a “class Mass:” for all teens and parents involved in Confirmation preparation. The Mass date will be forthcoming.

*******SMALL GROUP LEADERS NEEDED*******

Once we have more leaders, we will send out instructions for small group sign-up. Please consider leading a group. Contact Dorothy if you want homeschool information.

What must I do now?

Read & complete the required registration form and permission form, if you have not done so.

Submit full tuition payments & all required forms by Tuesday, August 15, 2023.

Please keep this letter for your information - Questions? Don't hesitate to contact me (info below)

Peace & Prayers,

Dorothy Grantham - Director of Youth & Young Adult Ministry
dgrantham@stapostle.org , 630-355-8980 x117

Year 1—HIGH SCHOOL CONFIRMATION PROGRAM
REGISTRATION 2023-2024

Please return with payment by August 15, 2023

Family Contact Information

Name: _____ / _____
Father - First & Last Mother - First & Last

Address: _____
Street City Zip

Phone: _____ / _____ / _____
Home Father's Cell or Work Mother's Cell or Work

Email: _____ / _____ / _____
Family (Preferred) Father Mother

Which Local High School Will Your Teen(s) Attend in 2023-2024

Teen's First & Last Name:	Grade	Date of Birth	Teen's E-mail & Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____

Small groups/Confirmation class will meet at STA; please check your time preference:

Sunday 4:30pm _____ Sunday 7:15pm _____ Monday 7:00pm _____
Class dates given once groups are formed.

NOTE: Retreats are required part of Confirmation preparation.

Year 1 Retreat is Sunday, 3/2, from 11:30-5:30pm

Sacraments Received: (please circle)

Baptism YES NO

Journey Parent/Youth Dates: 10/22/23 & 1/28/24

Communion YES NO

FEES

Tuition: 1 Teen = \$240 2 Teens = \$420 (Comprehensive fee including books, resources, retreats, & speakers)

Total Paid: _____ Deposit/Payment: _____

Date: _____

OFFICE USE ONLY

Family Number _____

Payment: _____ Date: _____ Balance: _____

Payment: _____ Date: _____ Balance: _____

Year 1 Permission Form _____ Deposit Form # _____ Acknowledgement Form _____

ALL PARENTS MUST RETURN THIS FORM AT TIME OF REGISTRATION.

We are required by the Diocese of Joliet to provide the documents outlined below to all families registered in our Religious Education Program. The documents can be found on our website:

<https://www.stapostle.org/religious-education/registration-forms/> and the St. Thomas Naperville App. Near the middle of the page you will see *Policy Regarding Sexual Abuse of Minors and Vulnerable Adults* and *Standards of Behavior for Those Working with Minors and Vulnerable Adults* and *Parent Handbook*. Please review these documents and return this form with your signature along with your registration form and medical release form at the time of registration.

ACKNOWLEDGEMENT FORM

FOR

CLERGY, EMPLOYEES, VOLUNTEERS & PARENTS

This is to acknowledge that I have been provided with access to
and reviewed a copy of:

 X *Policy Regarding Sexual Abuse of Minors and Vulnerable Adults*
(Revised 2021)

 X *The Standards of Behavior for Those Working with Minors and Vulnerable Adults* (Revised 2021)

 X *Practical Advice for Parents on Preventing Child Sexual Abuse* (2003)

I understand that I am responsible to become familiar with the contents of the above documents.
I agree to abide by and to conduct myself in complete accord with them.

(Please print clearly)

Family Last Name: _____

Parent/Guardian Name: _____

Position: Parent / Volunteer

Agency/parish/institution: St. Thomas the Apostle Catholic Church

City: Naperville, IL

Signature _____

Date _____



Participant Name	FIRST	LAST	
Address	City		Zip
Parent Name	Parent / Guardian 1		Name Parent/Guardian 2
Parent Cell			Cell Parent/Guardian 2
Parent Email	Parent / Guardian 1		Teen Cell - (HS Students ONLY)
Parish Name	City		Zip
School Attending	City		Zip
Date of Birth	Age	Grade	M F

GENERAL PERMISSIONS

I request that my child: _____
be allowed to participate in: St. Thomas the Apostle
Confirmation Preparation Activities 8/1/23-7/31/24

I hereby release and indemnify my parish, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Parish:

St. Thomas the Apostle

And the Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation in the trip.

CODE OF BEHAVIOR

I acknowledge that I am representing our diocese/parish during this event, and I will represent us well. I will adhere to all Diocesan Guidelines and display responsible, mature, and respectful behavior in my words, actions, and usages.

EXPECTATIONS

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate respect and common courtesy at all times. Inappropriate language/behavior/conduct will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the values of modesty and respect, and inscriptions and images on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverages is prohibited.
6. The possession of any illegal substances is prohibited and subject to legal action.
7. Smoking, vaping, e-cigarettes, smokeless tobacco, and cannabis in any form are prohibited.
8. Weapons and/or drug paraphernalia are prohibited.

INFRACTION OF THESE RULES CAN MEAN IMMEDIATE DISMISSAL WITH NO REFUND.

I understand and agree to the Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal my guardians (if under the age of 18) will be notified and/or I will be responsible for any and all costs related to the participants dismissal from activities and any all costs assessed by local authorities.

Parent/Guardian initial _____ Participant initial _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child: _____ by the people in charge of the event and those transporting my child to and from the event as their judgement deems advisable and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay of such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery if deemed necessary for my child.

MEDICAL INFORMATION

ALLERGIC TO MEDICATIONS: YES NO

If YES, please describe: _____

ALLERGIC TO OTHER: _____

OTHER CONDITIONS: _____

INSURANCE INFORMATION

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____ I.D.# _____

Insurance Phone: _____

Authorized Physician: _____

Physician Phone: _____

VIDEOS, PHOTOS, and VIRTUAL PLATFORMS

Video/photos may be taken during this event. This authorization form constitutes permission for my child's participation in video and/or photos, which may be used for future promotional efforts, including the Parish and/or Diocese of Joliet website. Additionally, this form constitutes permission to participate in virtual platforms such as Zoom, Google, Seesaw etc. for the purpose of programmatic content. If you wish to opt out initial here:

Parent/Guardian Initial to Opt Out of Photos _____

EMERGENCY CONTACT

In the event of an emergency please contact:

Name: _____

Phone: _____ Relation _____

Name: _____

Phone: _____ Relation _____

Participant Signature	Date
Parent/Guardian Signature	Date

St. Thomas the Apostle – Youth & Young Adult Ministry

Adult Volunteer Discernment Form

First and foremost, thank you for your interest in High School Youth and Young Adult Ministry at St. Thomas! By completing this form it shows that you are open to God's calling for you to use your unique gifts and talents in the service of others. I'd like to sincerely thank you for that openness and my prayers will be with you throughout this exciting process!

Please take some time to prayerfully discern your responses on the following questions. The intent of this form is to avoid simply plugging you into a need, but rather it allows us to match your unique passion, gifts, time and talents with the appropriate aspect of our ministry. Our goal in this process is to make your volunteer experience as fruitful and rewarding as possible, for you as well as those you'll be serving! If you have any questions, feel free to contact me!

First & Last Name _____ **Home Phone #** _____

E-mail _____ **Cell Phone #** _____

Given my typical schedule, I am able to offer approximately _____ volunteer hours per _____ (week or month). If you're unsure of your availability or would rather volunteer on an as needed basis as your schedule permits then check here _____

Due to current commitments and obligations, the **BEST** days & times for me to spend my volunteer hours are generally:

Please circle all applicable areas of ministry you'd be open to helping us with:

Faith Formation Commission	Confirmation Reception	Mental Health Team
Retreats	Confirmation Catechist	Prayer Activities
National Missions	Leader/Catechist Training	Conferences – NCYC, Steubenville
Local Service	Missions Fundraising	Music / Sound / Worship
Admin Assistance help	Young Adult (20s & 30s)	Media
Long-term Planning/Vision	Social Activities	Art (design, promo, logos, etc.)
Attendance Aide	Chaperone	Hands (building, repair, etc.)
Small Group Leader	Journey Night planning	Unsure/Other _____

Please Proceed to the Reverse Side for Just A Few More Questions

Just A Little More Information

1. As best as you can, please describe your primary motivation and/or inspiration for considering to become involved in the above area(s) of ministry. As applicable, please note any specific moments that have helped affirm that God is calling you to this ministry.
2. Please list any past experiences that may be relevant to your involvement in our ministry as well as any particular skills, gifts, or talents you would be open to sharing with us.
3. Do you have any further questions or any special concerns about our ministry and your potential involvement as a volunteer?

Diocesan Certification (Complete if applying to work with minors under age 18)

Respond to the following statements as they apply to you:	Yes	No
Completed the Protecting God's Children training?	_____	_____
Date/Year Completed? _____		
Completed a background check through St. Thomas in the past 3 years?	_____	_____
Completed the Mandated Reporter Training in the past 3 years?	_____	_____

Upon completion, please return this form to the office of Dorothy Grantham, Director of High School & Young Adult Ministry or turn it in to the R.E. Office

Dorothy Grantham • Director of HS Youth & Young Adult Ministry • 630-355-8980x117 •
dgrantham@stapostle.org