



2017-18 REGISTRATION

Catechesis of the Good Shepherd (CGS)— Embracing Maria Montessori's vision of the developmental stages of the child, and within a prepared environment (the *atrium*), the CGS catechist offers presentations based on aspects of the Bible and Liturgy. The child's personal work using materials provided enables further meditation on the mysteries addressed by the presentations, inviting the child to hear and follow Jesus' voice, remain in Jesus, and build the Kingdom of God.

TO REGISTER: fill out pages 2-4, attach fee and bring to Parish Office or mail it to us at 9150 Pflumm, Lenexa KS 66215.

- ◆ For children ages 3 1/2 years (by September 1st) - 6th grade
- ◆ Children meet weekly with a CGS catechist in an atrium
- ◆ Sessions run September through May
- ◆ There are 3 levels:

<u>Level I</u>	<u>3 1/2- 6 years of age ~ preschool-kindergarten</u>
<u>Level II</u>	<u>6-9 years of age ~ Grades 1-3</u>
<u>Level III</u>	<u>9-12 years of age ~ Grades 4-6</u>

NOTE: Children enrolled in Holy Trinity School K & 1st grade OR HTEEC will attend CGS atrium sessions during the school day; no need to register here.

Class time and day: On the registration form please make 2 choices for time and day, as these classes tend to fill quickly. Occasionally additional class times are added if a need becomes apparent and a volunteer catechist is available. If all classes are full, your child's name will be put on a waiting list and placed in a class if space becomes available.

3-6 year olds - Level I
3 session times available.

Mon. 4:30-6:15 pm
Wed. 4:30-6:15 pm
Thurs. 6:00-7:45 pm

6-9 year olds - Level II
3 session times available.

Mon. 4:30-6:15 pm
Wed. 4:30-6:15 pm
Thurs. 6:00-7:45 pm

9-12 year olds - Level III
3 session times available.

Mon. 4:30-6:15 pm
Wed. 4:30-6:15 pm
Thurs. 6:00-7:45 pm

For more information contact:
Diane Olsen 895-0662 or Sandy Reynolds 895-0659.

CGS Registration Form 2017/2018

Date _____

Office use only
Date Received _____

Family Info:

Dad's Name: _____ Phone (w) _____ (c) _____

Address (and Zip) _____ Phone (H): _____

Mom's Name: _____ Phone (w) _____ (c) _____

Address (if different) _____

Dad's e-mail _____ Mom's e-mail _____

**Please circle 1) PHONE NUMBER TO USE DURING THE ATRIUM SESSION IN CASE OF EMERGENCY
2) preferred e-mail contact address.**

Child info: This child is new to CGS Yes _____ No _____

Child's Name (first & last) _____ Birth date _____ M or F Grade (Fall 17) _____

School _____ Sacrament prep this year: **BAP RECONCILIATION EUCHARIST**
(please circle)

Level _____ First choice: Day _____ Time _____ Second choice: Day _____ Time _____

Child info: This child is new to CGS Yes _____ No _____

Child's Name (first & last) _____ Birth date _____ M or F Grade (Fall 17) _____

School _____ Sacrament prep this year: **BAP RECONCILIATION EUCHARIST**
(please circle)

Level _____ First choice: Day _____ Time _____ Second choice: Day _____ Time _____

Child info: This child is new to CGS Yes _____ No _____

Child's Name (first & last) _____ Birth date _____ M or F Grade (Fall 17) _____

School _____ Sacrament prep this year: **BAP RECONCILIATION EUCHARIST**
(please circle)

Level _____ First choice: Day _____ Time _____ Second choice: Day _____ Time _____

Fees

	CGS
For one child	\$90.00
For two children	\$140.00
For three or more children	\$170.00

Please let us know if this is a financial hardship; no one is turned away because of inability to pay.

OFFICE USE ONLY

Amount Received _____ Check # _____ Amount _____ Cash _____

FAMILY PROFILE

The following information will be treated as confidential.

Is there anything that would be helpful to know about your child or your family (illness/death in the family, single parent, different religious beliefs, areas of difficulty for the child such as trouble reading, areas of self-consciousness, allergies, etc)? If the information is about a specific child please specify which child has the need.

_____ *I would rather speak to someone in person. Please call me at* _____

If your child has any special needs such as physical impairments, cognitive impairments, ADD, ADHD, learning disabilities, vision impairments, hearing impairments, medical or behavioral conditions, we would like to contact you to get more information about how we can best serve your child.

The best time to reach me _____ *(name) is* ____: ____ *am/pm at* _____
(number) regarding _____ *(name of child).*

Gifts and Ministry: We need your unique gifts to make our program better! Consider the list below, and place your initials next to the ministries you are interested in learning more about or that you would like to volunteer.

___ **Woodworking:** repairing/building atrium materials (2-4 hours once a year)

___ **Hospitality:** providing snacks or meals to adults during CGS formation courses , or for CGS Sacraments meetings

___ **Laundry:** weekly washing/ironing/stain removal for items used in the atrium (1-2 hours weekly)

___ **Deep-clean the atria** (one morning or evening during the school year)

___ **Sewing:** occasional tasks e.g. hemming, small sewing projects

___ **I am interested in becoming a CGS catechist/catechist assistant**

I am also interested in:

___ Children's Liturgy of the Word Sunday at 9:30 (sign up to lead or assist as often as you like)

___ Baptism preparation team (1-2 hour training; lead a class once a month or as often as you like)

___ RCIA for families—helping families with children explore the Catholic faith (once a month)

___ 1st Communion retreat (once a year in the spring; help with presentations or assisting a group of children)

___ Confirmation retreat (once a year in January)

Release Form

This form must be completed entirely and returned to Holy Trinity before your child's registration can be processed.

Family last name _____
Name(s) of child(ren)

Photo Release

Holy Trinity does not include photos of children, catechists, sessions or activities in parish publications or on the Holy Trinity website unless we have written releases from all involved. It is our policy that the full names of children will *never* be used. In general the first name of a child will not be used unless we have a specific reason. Using their name will always be discussed with the child's parents beforehand. No last names, addresses and/or telephone numbers will ever be used.

_____ We/I hereby give permission for Holy Trinity to use first names and photos of my child/children in Parish publications, in the bulletin, on the Holy Trinity Church website and other electronic forms of communication.

_____ We/I hereby **do not** give permission for Holy Trinity to use first names and photos of my child/children in Parish publications, in the bulletin, on the Holy Trinity Church website and other electronic forms of communication.

_____ Date _____
Parent/Guardian Signature

Opportunity to Opt-out of Touching Safety Program

Our diocese takes very seriously the responsibility of providing safe environments for our children.

As Church, we strive with families, friends and societal institutions, to secure a healthy environment designed to nurture our young people and to assist them in developing to their fullest potential as people of faith and as productive citizens. 1.1 Child Protection Policy, Archdiocese of KC in KS.

This is best achieved by awareness and participation of all concerned, both children and adults. The Archdiocese of Kansas City in Kansas requires all adults working with children attend a VIRTUS workshop – to help individuals become more aware of ways to prevent sexual abuse of our children. Through the Protecting God's Children program, parents and adults have access to awareness sessions, videos, resources and online training bulletins. **Catholic schools and religious education programs are also required to share age-appropriate information with children – to reinforce how wonderfully we've been created and to empower them with the tools needed for their safety. Each year one of our sessions covers this important topic.** We hope all these endeavors will be fruitful in keeping our children safe.

As parents, you are the first line of defense for your child's safety. We honor your role and desire to be supportive of you as family. If you are interested in greater details or want further information regarding our archdiocesan policy and the material presented, feel free to visit the archdiocesan website at www.archkck.org (follow the link for "VIRTUS Protecting God's Children"). You may also contact Diane Olsen at 895-0662 or Kathleen Willis at 895-0607.

As a parent you have the right to withdraw your child from this presentation. If you decide you DO NOT want your child to participate, please sign below.

Holy Trinity parish **does not** have my permission to discuss Touching Safety with my child(ren) whose name(s) are:

_____.

Parent's signature _____ Date _____