



St. Thomas More Oratory

Catholic Campus Ministry
at the University of Delaware

August 19th, 2019

Dear Parents,

We are getting ready to start the 2019-2020 Religious Education year. Please fill out and return the attached forms to the Oratory office by September 22nd. This year, our classes will begin at **8:10 a.m.**

Our Religious Education program will begin on September 22nd with class, Mass, and a welcome reception after Mass. We will be sharing important information and reviewing policies and procedures included in *The Charter for the Protection of God's Children*. This is a great opportunity for teachers and families to meet one another. It is expected that all families will be available to join us for this reception.

Please let me know if you have any questions.

God Bless,

James Werber
302-379-1174
JWerber@udcatholic.org

Religious Education Schedule Fall & Spring 2020:

September 22 nd	-----	8 th Grade
September 29 th	-----	7 th Grade
October 6 th	-----	6 th Grade
October 20 th	-----	5 th Grade
October 27 th	-----	4 th Grade
November 3 rd	-----	3 rd Grade
November 10 th	-----	2 nd Grade
November 17 th	-----	1 st Grade
December 8 th	-----	Kindergarten <i>(First Reconciliation – 2nd Grade)</i>
January 12 th	-----	8 th Grade
January 26 th	-----	7 th Grade
February 2 nd	-----	6 th Grade
February 16 th	-----	5 th Grade
February 23 rd	-----	4 th Grade
March 1 st	-----	3 rd Grade
March 15 th	-----	2 nd Grade
March 22 nd	-----	1 st Grade
April 19 th	-----	Kindergarten
April 26 th	-----	8 th Grade
May 3 rd	-----	7 th Grade
May 10 th	-----	6 th Grade
May 17 th	---	<i>First Communion – 2nd Grade</i>

Christmas Party – December 8th, 10:30 – 12:30

All Classes begin promptly @ 8:10 AM.

The grade next to each date indicates which class is responsible for assisting at Mass and providing refreshments afterwards.

If you have any questions, please e-mail or call James Werber.
JWerber@udcatholic.org & 302-379-1174

Time Commitment and Requirements

Parent's Responsibilities:

- Attend Sunday Mass each week.
 - Attending Sunday Mass is an integral part of your child's faith formation and is expected.
- Bring your children to Religious Education classes each week and on time. **Classes start promptly at 8:10 a.m.**
 - Continuity of instruction is important; therefore, attendance and punctuality are expected. Any missed class work is expected to be completed, signed, and returned within 2 weeks of absence.
- Set time aside for family prayer.

Student's Responsibilities:

- Be in class and be on time.
- Show respect for teachers and classmates.
- Do home assignments and unit tests.
- Attend Mass each week.

Catechist's Responsibilities:

- The formation of the students of the St. Thomas More Oratory Religious Education program.
- Commit to attend each Religious Education class. Classes are from 8:10 to 9:30 a.m. Teachers must arrive 15 minutes prior to the class to greet their students.
- Keep accurate attendance.
- Notify James of any issues that might occur.
- Contact James if you will not be attending a class so a sub can fill in if necessary.
- Spend at least 1 hour prep time prior to class on Sunday. Opportunities for support from James, Maureen, and your peers will be available one night a week.
- 2nd grade teachers are responsible for sacramental preparation.
- Give and grade Unit tests. Turn in to James when complete for review.

Coordinator's Responsibilities:

- Coordinate formation of the catechists.
- Organize the Religious Education program at the Oratory.
- Support the catechists in any way possible.
- Obtain background checks of all the catechists according to the guidelines "For the Sake of God's Children."
- Teach lessons from the Diocesan Keeping our Promises curriculum to all grade levels.
- Review Unit Tests.

Attendance Policy

- Parents are to notify your child's teacher or James in advance if they are going to miss class.
- Any missed class work is expected to be completed, signed, and returned within 2 weeks of absence.

Other Activities:

- All catechists are encouraged to attend the DOCS Beach Retreat, March 6 – 8, 2020.
- Catechists participate in organizing the Religious Ed Christmas party.

Contact Information:

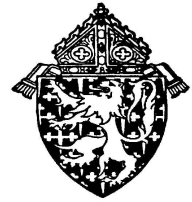
James Werber
Cell: (302) 379-1174
Oratory : (302) 368-4728
E-mail: JWerber@udcatholic.org

Maureen McDonald
Cell: (845) 216-4563
E-mail: MMcDonald@udcatholic.org

Useful websites:

www.cdow.org
<http://www.udcatholic.org>

FORM A: ANNUAL CONSENT AND RELEASE



DIOCESE OF WILMINGTON PARISH/INSTITUTION ANNUAL PARENTAL CONSENT AND RELEASE FORM

PARISH/SCHOOL _____

Personal Information

Full Name of Child			
Address			
City	State	Zip	
Home Phone	Date of Birth ____/____/____	Age	
Family E-Mail			
Participant Email	Participant Cell Phone		

Providing participant email and cell phone grants permission for electronic communication from group leader to this young person in regards to all group activities, in accord with diocesan guidelines.

Medical Information

Family Doctor	Phone		
Family Dentist	Phone		
Insurance Provider	Policy#	Acct./ID#	

- * Yes No Has the young person ever been seen by a heart specialist for a heart condition?
- * Yes No Has the young person had a broken bone in the past six (6) months?
- * Yes No Has the young person had surgery in the past six (6) months?
- * Yes No Is the young person currently taking prescribed medication(s) that could inhibit strenuous physical activity?
- * Yes No Is the young person allergic to bee stings?*
- * Yes No Does the young person have asthma?*
- * Yes No Are there any serious medical conditions of which the Youth Minister, Director/Coordinator of Religious Education, Principal/School Nurse should be aware?*

**If you answered 'yes' to any of the above, it is the responsibility of the parent/guardian to check with parish/school representatives to ensure those items identified with an * above will not endanger the young person.*

***CYM requires that athletes be able to self-administer the epi-pen and/or inhaler without assistance.*

Current Prescription Medications	
Please list all allergies related to medicine, food, latex, etc.	

*If your child has a life-threatening allergy, you **must** discuss said allergy with the group leader.*

If necessary, the group leader is permitted to administer the following medications (or generic equivalent) to my child:

- Advil Tylenol Motrin Aleve Halls (cough drops) Imodium Calamine Lotion
 Claritin/Zyrtec Benadryl Robitussin (cough syrup) Triple Antibiotic Ointment Other _____

Parent/Guardian Information (Mother)

Full Name of Mother/Stepmother			
Home Phone	Cell Phone		
Place of Employment			
Work Phone			

Parent/Guardian Information (Father)

Full Name of Father/Stepfather			
Home Phone	Cell Phone		
Place of Employment			
Work Phone			

School	Teacher	Grade	Homeroom
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In Case of Emergency

The following procedures are in place if your child becomes sick or injured, or needs to be sent home for disciplinary reasons. Calls will be made to the following numbers, in the following order.

1. Home
2. Cell phones of Mother/Father/Guardian
3. Place of Employment for Mother/Father/Guardian
4. Ambulance for transportation of child to medical facility (in case of injury). In case of a major injury that requires immediate medical attention, an ambulance may be called first.

Staff will continue to call the parents or guardians until one is reached. Please note: information on this form will be shared with emergency medical staff.

Personal Electronic Technology Devices (PTD)

All extraneous personally owned technology devices (PTD), including, but not limited to, cellular phones, BlackBerrys, pagers, beepers, gaming devices, headsets, and other communication devices are for use only during an actual lock down or emergency. Other devices, including, but not limited to, tablet PCs, mobile presenters, wireless tablets, digital audio and video recorders, Palms, Sidekicks, iPods, Kindles, iPads, MP3 players, texting calculators, camera video phones, digital cameras or laptops are to be used only when permission has been granted by an institutional or organizational employee with the authority to grant such permission. Devices capable of capturing, transmitting, or storing images or recordings may never be accessed, turned on or operated in restrooms, dressing rooms, or other areas where there is a reasonable expectation of privacy. To protect the safety and well-being of students, staff and other community member's personal property and to avoid disruptions to the learning environment; group leaders, teachers, or school personnel reserve the right to confiscate or collect any PTD. A designated group leader or official as part of any investigation of policy violation or other suspected inappropriate, immoral and/or illegal use may review the content of any PTD device. If an illegal act is discovered, local law enforcement officials will be contacted. The Catholic Diocese of Wilmington and its parishes and organizations are not responsible for any harm to PTDs, including by not limited to the loss, theft, damage, or destruction of PTDs or any contents therein.

Permission and Hold Harmless

I hereby give my consent for the above named individual to participate in the above named parish/school youth activity(ies) during the current program year. **I authorize** responsible personnel to obtain proper medical treatments should it become necessary. Excluding intentional, deliberately-inflicted and illegally caused injuries, **I further agree**, in consideration of the above named parish's sponsorship of beneficial youth programs, to release the above named parish, the Catholic Diocese of Wilmington, and all of their employees, directors, administrators, youth ministers and volunteers from all legal liability for accidental injuries suffered by my child as a result of participation in athletic activities, or travel to and from any officially sanctioned event.

If I cannot be reached and the parish/school authorities have followed the procedures described, **I agree to assume all expenses** for transporting and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures which may be carried out based on the medical judgment of attending physician.

I understand that the Diocese of Wilmington and its staff are committed to providing fun, safe, educational experiences and that diocesan events are conducted in smoke-, alcohol-, and drug-free environments. In light of this, and to help ensure the safety of all concerned, I understand that if my child is in possession of drugs, alcohol, or tobacco products, engages in illegal, immoral, or offensive behaviors, or refuses to follow the directions given by event staff or volunteers while participating in this activity, I will be contacted immediately to pick up my child.

I understand that promotional pictures (individual and group) may be taken during officially sanctioned events. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event. I understand, however, that the above named parish/institution has no control over the use of photograph or film taken by media or private vendors that may be covering events.

I affirm that the information above is true and correct and may be shared with school personnel on a "need to know" basis.

Signature of Parent/Guardian: _____

Relationship to Participant: _____ **Date:** _____

Religious Education Registration Form

Please fill out this registration form return it (along with Form A) to the Oratory office by the first day of class on **September 22nd** (via mail, email, fax, etc.). We are requesting a \$60 per student donation to help cover the program costs. **If this is your child's first year in the Religious Education program, please provide a copy of their Baptismal Certificate.**

Student 1: _____ Grade: _____

Baptism Date: _____ Church & Address: _____

First Eucharist Date: _____ Church & Address: _____

Student 2: _____ Grade: _____

Baptism Date: _____ Church & Address: _____

First Eucharist Date: _____ Church & Address: _____

Student 3: _____ Grade: _____

Baptism Date: _____ Church & Address: _____

First Eucharist Date: _____ Church & Address: _____

Student 4: _____ Grade: _____

Baptism Date: _____ Church & Address: _____

First Eucharist Date: _____ Church & Address: _____

Please tell us any information about your child(ren) that would be helpful for their teacher. This may include interests or any academic accommodations needed. Attach another sheet if necessary.

Office Use Only:
Payment Received _____

Check Online Payment