

## *St. Agnes Christian Formation* *Grade 9 & 10 Social Justice/Worship Options*

In addition to their base curriculum, **each student must attend a minimum of (5) events listed below.** Please let us know which events you can make at this time. If a student wishes to, they may participate in more than five events. I suggest that you try to choose a variety of experiences from both categories rather than focus all of your attention in one area.

All of the events for this year are listed in chronological order. Each event is designated as either Social Justice (SJ) or Worship (W).

**Complete the attached form and return it to the first class on Sunday, September 16<sup>th</sup>.**

**Keep this page for your information.**

- |            |   |
|------------|---|
| Sept. 8-9  | Sat.-Sun. – Bundle Sunday (SJ): Load the St. Vincent de Paul truck after all Masses   |
| Sept 15    | Sat - Hunger Task Force – food sort (SJ): 9AM – Noon - Meet at St. Agnes 8:30AM   |
| Oct. 13    | Saturday – Fr. Gene’s Center (SJ): Meet at 8:30 AM at St. Agnes, return 12:30PM<br>5919 W. National Ave., Milwaukee                       |
| Oct. 14    | Sunday – CROP Walk (SJ): Meet at 12:15 PM at St. Agnes;<br>1:00-4:30 PM Milwaukee Lakefront   |
| Oct. 28    | Sunday – Native American Catholic Mass - Church of the Great Spirit (W):<br>9:00 AM-Noon (Mass at 10AM) 1000 W. Lapham St. Milwaukee, WI. |
| Nov 13     | Tue - St. Bens Meal Program with St. Joe’s (SJ): 4:00-7:00 PM   |
| Jan 27     | Sunday – Latin Tridentine Mass – St. Stanislaus Parish (W): Meet at St. Agnes 9AM<br>(Mass at 10 AM) 524 W Mitchell St, Milwaukee, WI.    |
| Feb. 2 & 3 | Sunday – Souper Bowl Sunday (SJ): Collect money after all Masses  |
| Feb 9      | Sat - Hunger Task Force – food sort (SJ): 9AM – Noon - Meet at St. Agnes 8:30AM   |
| Mar 12     | Tue - St. Bens Meal Program with St. Joe’s (SJ): 4:00-7:00 PM   |
| Apr. 16    | Tuesday – St. John Cathedral (W): 6:00-9:30 PM (Chrism Mass)  |
| May 10     | Friday – St. Agnes Mission Party (SJ): 5:30-8:00 PM, Kemp Hall  |

\*\*\*As other opportunities are scheduled during the year, they will be publicized and communicated.\*\*\*

**Parents interested in helping drive or chaperone for any events, contact the CF office @ 262-781-6998. This could be an interesting and fulfilling way to earn your Stewardship service hours...**

**PARENT/LEGAL GUARDIAN PERMISSION SLIP  
AND INDEMNITY AGREEMENT**

CHILD/WARD: \_\_\_\_\_

SUPERVISOR OF ACTIVITY: Christian Formation Coordinator Michelle Fellin and/or parent chaperones

ACTIVITY: St. Agnes Christian Formation Grade 9& 10 Social Justice/Worship Options

DESCRIPTION OF ACTIVITY: Visit various sights that involve Christian works of service to the poor or a variety of religious worship experiences.

DATES & TIMES OF ACTIVITIES: **Students must choose a minimum of (5) events.**

**CIRCLE the dates you wish to participate in:**

Sep 8-9 Bundle Weekend

Sep 15 Hunger Task Force

Oct 13 Fr. Gene's Center

Oct 14 Crop Walk

Oct 28 Church of the Great Spirit

Nov 13 St. Ben's Meal Program

Jan 27 Latin Tridentine Mass

Feb 2-3 Souper Bowl weekend collection

Feb 9 Hunger Task Force

Mar 12 St. Ben's Meal program

Apr 16 Chrism Mass - Cathedral

May 10 St. Agnes Mission Party

***DEADLINE: Return this completed form at the first CF Class of this year, Sunday, September 16<sup>th</sup>.***

I consent to the participation of my CHILD/WARD in the above named ACTIVITY. In consideration for my CHILD/WARD'S participation, I agree to reimburse and indemnify the DESIGNATED SUPERVISOR OF ACTIVITY for all reasonable legal and court fees incurred by DESIGNATED SUPERVISOR OF ACTIVITY in defending a lawsuit that I or my CHILD/WARD may bring against the DESIGNATED SUPERVISOR OF ACTIVITY which relates to the above named ACTIVITY if the DESIGNATED SUPERVISOR OF ACTIVITY is found not legally liable by the courts and prevails in the lawsuit. If the DESIGNATED SUPERVISOR OF ACTIVITY is found legally liable for injuries sustained by CHILD/WARD, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the ACTIVITY described above that my CHILD/WARD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with the DESIGNATED SUPERVISOR OF ACTIVITY to clarify any concerns or questions about the ACTIVITY or this agreement that I may have had.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

Phone#'s Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my CHILD/WARD to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Please furnish medical information about your CHILD/WARD which may be pertinent to his or her participation in the above identified Activities: