

# **PRE REGISTRATION PACKET**

## **FORMS TO COMPLETE AND RETURN as applicable:**

Parent Involvement Form

Grade 1-6 PRE Registration (Wednesday Nights)

Confirmation Prep PRE Registration (Sunday Nights)

OCIC formerly RCIC Registration (Sunday Nights)

Medical Forms (fill out one per child)

Tuition Form (one per family)

Altar Server Permission Form (for 5<sup>th</sup> grade & above only)

Code of Conduct Form Grades 6-8

Code of Conduct Form Grades 9-12

## **FORMS TO KEEP:**

PRE Class Guidelines

Schedule of Classes for Grade 1-6 PRE

Schedule of Classes for Confirmation Prep PRE

Schedule of Classes for OCIC

Schedule for Youth Choir

Word of Life Curriculum Grade 1-6 Parent Letter

# St. Elizabeth Ann Seton

## Grades 1-6 PRE Parent Involvement: Parking Lot Monitor

August 2025

Every year we ask our parents to be **Parking Lot Monitors for one PRE class per year**. We ask that two people be at the entrance to the courtyard from 6:30 - 7:00 and from 7:50 - 8:10, to ensure that all of our students get safely to and from Wednesday night PRE. **Please select one month from each of the three columns** so that we can try to get the year covered. A master schedule will be sent out in September. If you do not make selections below, we may call you to fill an empty spot.

	September		December		March
	October		January		April
	November		February		May

## Grades 1-6 PRE Parent Involvement: PRE Classroom Catechist, Helper, or Substitute

Please consider becoming a PRE classroom catechist, helper or substitute. We are required by the Salina Diocese to have two Safe Environment trained individuals in each PRE classroom. All who will be working with students will need to have the Safe Environment Training which includes a background check. For more information on these requirements, please go to [Safe Environment Training and Background Check – Catholic Diocese of Salina](#). Upon successful completion of both components, you would be able to volunteer to work with the PRE program at St. Elizabeth. Please let us know if this is something you might consider for the future...mark all that apply.

- Yes, I would consider being a catechist in the future.  
 Yes, I would consider being a helper in the future.  
 Yes, I would consider being a substitute catechist/helper in the future.  
 No, I may consider it in the future.

**We have Grades 1-6 catechists and helpers for this school year, 2025-2026. We always have room for more parents to be trained as substitutes... Thank you for considering this ministry.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# St. Elizabeth Ann Seton Parish P.R.E Registration Grades 1-6

Grades 1-6 will meet on Wednesday evenings 6:45pm-8:00pm. Please see full schedule attached.

## Parent/Guardian Information

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street City Zip Code

Mom/Guardian Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Dad/Guardian Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Additional Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

Are you a registered member of St. Elizabeth's? Yes No

If "No", where are you registered? \_\_\_\_\_

## Student Information

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Date of Birth: \_\_\_\_\_

The following information is **REQUIRED** for 2<sup>nd</sup> Grade / First Communion Preparation:

Baptized at St. Elizabeth's? Yes \_\_\_\_ Date of Baptism \_\_\_\_\_

IF NO, the following information is **REQUIRED**: Church of Baptism \_\_\_\_\_

City, State of Baptism \_\_\_\_\_

Date of Baptism \_\_\_\_\_

- *If your student is not yet baptized, please complete the OCIC Registration Form (Order of Christian Initiation of Children) and contact Fr. Michael ([frmichael@stesalina.org](mailto:frmichael@stesalina.org)) to arrange for this missing sacrament.*
- *If your student has not received First Communion, please complete the OCIC Registration Form and acknowledge your understanding of the need for your student to also attend OCIC classes to prepare to receive the missing sacrament. Class Schedule will be determined at a later date according to family schedules – see OCIC calendar.*

**This form must be turned in along with your payment at the time of registration or to Lucinda in the parish office (Mon-Thurs. 8:00am-1:00pm)**

# St. Elizabeth Ann Seton Parish P.R.E Registration Sacrament of Confirmation Preparation – 2 Year Program

Confirmation Prep Classes will be on Sunday evenings 6:30pm-8:00pm. Please see full schedule attached.

## Parent/Guardian Information

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street City Zip Code

Mom/Guardian Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Dad/Guardian Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Additional Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

Are you a registered member of St. Elizabeth's? Yes No

If "No", where are you registered? \_\_\_\_\_

- *If you are not registered at St. Elizabeth's, you will need a letter from the pastor of the parish where you are registered for your child to receive the Sacrament of Confirmation at St. Elizabeth's. Please contact your pastor for this letter.*

## Student Information

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Date of Birth: \_\_\_\_\_

If you have a **2<sup>nd</sup> Year Prep Student**, we **REQUIRE** the following information:

Baptized at St. Elizabeth's? Yes \_\_\_\_ Date of Baptism \_\_\_\_\_

IF NO, the following information is **REQUIRED**: Church of Baptism \_\_\_\_\_

City, State of Baptism \_\_\_\_\_

Date of Baptism \_\_\_\_\_

- *If your student is not yet baptized, please complete the OCIC Registration Form (Order of Christian Initiation of Children) and contact Fr. Michael ([frmichael@stesalina.org](mailto:frmichael@stesalina.org)) to arrange for this missing sacrament.*
- *If your student has not received First Communion, please complete the OCIC Registration Form and acknowledge your understanding of the need for your student to also attend OCIC classes to prepare to receive the missing sacrament. Class Schedule will be determined at a later date according to family schedules – see OCIC calendar.*

This form must be turned in along with your payment at the time of registration or to  
Lucinda in the parish office (Mon-Thurs. 8:00am-1:00pm)

# St. Elizabeth Ann Seton Parish OCIC Registration

**For children in grades 3-12 who are in need of Baptism and/or First Communion**

**Class Schedule will be determined at a later date according to family schedules.**

## Parent/Guardian Information

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street City Zip Code

Mom/Guardian Phone Number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Dad/Guardian Phone Number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Additional Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

Are you are registered member of St. Elizabeth's? Yes No

If "No", where are you registered? \_\_\_\_\_

## Student Information

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_\_

Sacrament(s) Needed: \_\_\_\_\_

- If your child needs Baptism, please contact Fr. Michael ([frmichael@stesalina.org](mailto:frmichael@stesalina.org)) to arrange for this missing sacrament.
- If your child is baptized and needs First Communion, we **REQUIRE** the following:  
Church of Baptism \_\_\_\_\_ City, State of Baptism \_\_\_\_\_  
Date of Baptism \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_\_

Sacrament(s) Needed: \_\_\_\_\_

- If your child needs Baptism, please contact Fr. Michael ([frmichael@stesalina.org](mailto:frmichael@stesalina.org)) to arrange for this missing sacrament.
- If your child is baptized and needs First Communion, we **REQUIRE** the following:  
Church of Baptism \_\_\_\_\_ City, State of Baptism \_\_\_\_\_  
Date of Baptism \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_\_

Sacrament(s) Needed: \_\_\_\_\_

- If your child needs Baptism, please contact Fr. Michael ([frmichael@stesalina.org](mailto:frmichael@stesalina.org)) to arrange for this missing sacrament.
- If your child is baptized and needs First Communion, we **REQUIRE** the following:  
Church of Baptism \_\_\_\_\_ City, State of Baptism \_\_\_\_\_  
Date of Baptism \_\_\_\_\_

**This form must be turned in along with your payment at the time of registration or to Lucinda in the parish office (Mon-Thurs. 8:00am-1:00pm)**



Official legal form for the Diocese of Salina

**FORM B - MEDICAL INFORMATION**

This form should be completed for any person (under 19 years of age) in parish religious education, Catholic schools, and youth ministry programs and should be completed on an annual basis at the beginning of the program.

Diocese: Salina Parish \_\_\_\_\_ School \_\_\_\_\_

Participant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Participants Regular Physician:**

Name (first, middle, last): \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

**Medical Conditions:**

Please list any medical conditions of the participant (asthma, diabetes, epilepsy, etc...): \_\_\_\_\_

List below any physical condition the sponsors, doctors, nurses, or other medical personnel should be aware of:

Insect stings: _____	Fainting Spells: _____
Allergies: _____	Ear Infections: _____
Seizures: _____	Heart Condition: _____
Headaches: _____	Other: _____

List any allergies or allergic reactions to medications of the participant: \_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_

Dates of Participant's last immunizations: MMR \_\_\_\_\_ TB \_\_\_\_\_ TETANUS \_\_\_\_\_

Special dietary needs/restrictions: \_\_\_\_\_

**Medications:**

Prescribed medication now being taken:

Type: \_\_\_\_\_ Dosage: \_\_\_\_\_ How often: \_\_\_\_\_

Activities individual should not participate in: \_\_\_\_\_

**Medical Insurance Information:**

Company: \_\_\_\_\_

Plan Number: \_\_\_\_\_ Employee Identification #: \_\_\_\_\_

**Emergency Contacts:**

Parent or Guardian Name (first, middle, last): \_\_\_\_\_

Daytime Phone (including area code): \_\_\_\_\_ Evening Phone (including area code): \_\_\_\_\_

**Other Contact:**

Name (first, middle, last): \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

Relationship (friend, neighbor, coworker, etc): \_\_\_\_\_



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Diocese: Salina Parish \_\_\_\_\_ School \_\_\_\_\_

Participant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Participants Regular Physician:**

Name (first, middle, last): \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

**Medical Conditions:**

Please list any medical conditions of the participant (asthma, diabetes, epilepsy, etc...): \_\_\_\_\_

\_\_\_\_\_

List below any physical condition the sponsors, doctors, nurses, or other medical personnel should be aware of:

Insect stings: _____	Fainting Spells: _____
Allergies: _____	Ear Infections: _____
Seizures: _____	Heart Condition: _____
Headaches: _____	Other: _____

List any allergies or allergic reactions to medications of the participant: \_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_

Dates of Participant's last immunizations: MMR \_\_\_\_\_ TB \_\_\_\_\_ TETANUS \_\_\_\_\_

Special dietary needs/restrictions: \_\_\_\_\_

**Medications:**

Prescribed medication now being taken:

Type: \_\_\_\_\_ Dosage: \_\_\_\_\_ How often: \_\_\_\_\_

Activities individual should not participate in: \_\_\_\_\_

**Medical Insurance Information:**

Company: \_\_\_\_\_

Plan Number: \_\_\_\_\_ Employee Identification #: \_\_\_\_\_

**Emergency Contacts:**

Parent or Guardian Name (first, middle, last): \_\_\_\_\_

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**Other Contact:**

Name (first, middle, last): \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

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Diocese: Salina Parish \_\_\_\_\_ School \_\_\_\_\_

Participant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Participants Regular Physician:**

Name (first, middle, last): \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

**Medical Conditions:**

Please list any medical conditions of the participant (asthma, diabetes, epilepsy, etc...): \_\_\_\_\_

List below any physical condition the sponsors, doctors, nurses, or other medical personnel should be aware of:

Insect stings: \_\_\_\_\_ Fainting Spells: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Ear Infections: \_\_\_\_\_  
Seizures: \_\_\_\_\_ Heart Condition: \_\_\_\_\_  
Headaches: \_\_\_\_\_ Other: \_\_\_\_\_

List any allergies or allergic reactions to medications of the participant: \_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_

Dates of Participant's last immunizations: MMR \_\_\_\_\_ TB \_\_\_\_\_ TETANUS \_\_\_\_\_

Special dietary needs/restrictions: \_\_\_\_\_

**Medications:**

Prescribed medication now being taken:

Type: \_\_\_\_\_ Dosage: \_\_\_\_\_ How often: \_\_\_\_\_

Activities individual should not participate in: \_\_\_\_\_

**Medical Insurance Information:**

Company: \_\_\_\_\_

Plan Number: \_\_\_\_\_ Employee Identification #: \_\_\_\_\_

**Emergency Contacts:**

Parent or Guardian Name (first, middle, last): \_\_\_\_\_

Daytime Phone (including area code): \_\_\_\_\_ Evening Phone (including area code): \_\_\_\_\_

**Other Contact:**

Name (first, middle, last): \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

Relationship (friend, neighbor, coworker, etc): \_\_\_\_\_

# Tuition for Students in Parish Religious Education (PRE) at St. Elizabeth's Parish

Name of Parents/Guardians: \_\_\_\_\_

Parish Member Registration Fee: \$60.00 per Family \$\_\_\_\_\_

**OR**  
Non-Parish Member Registration Fee: \$75.00 per Family \$\_\_\_\_\_

**PLUS**

Materials / Activity Fee (\$25 per student)

Number of students in Grades 1-6 PRE \_\_\_\_\_ X \$25 \$\_\_\_\_\_

Number of students in Confirmation Prep PRE \_\_\_\_\_ X \$25 \$\_\_\_\_\_ (MAX OF \$100)

**PLUS**

Late Fee (After October 1<sup>st</sup>) \$10.00 per family \$\_\_\_\_\_

**Total Fee** (please make check payable to St. Elizabeth's) \$\_\_\_\_\_

If you need to pay your fees at a later date, please state when you will be able to make payment. \_\_\_\_\_

Month and Day

If you are in need of assistance, please complete the following:

\_\_\_\_\_ I am able to pay \$\_\_\_\_\_

\_\_\_\_\_ I am requesting full assistance.

Briefly explain your request below.

\_\_\_\_\_  
Signature

**ALTAR SERVER PERMISSION FORM**  
**5<sup>th</sup> Grade and Above Only**

Dear Parents,

Ministries always have been and always will be a vital part of Catholic traditions. Many ministry opportunities are provided for all parishioners of St. Elizabeth Ann Seton. One ministry that is available of younger members of our parish is that of altar server. We begin training in the fifth-grade year of school, and we are now looking for more young people to help with this ministry. If you would like your child to be a part of this, please sign this permission slip and upload it with your PRE registration or return it to the parish office. Training will be at 6:45pm on Wednesday nights. A few of the students will train at a time. They will train twice, unless they feel they need more practice. Thank you for your prayerful consideration in this ministry.

\_\_\_\_ Please train my child in this ministry.

Parent's name \_\_\_\_\_

Child's name \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

Which Mass do you attend? Please check all that apply. Your child will be placed to serve at the mass with the most need:

\_\_\_\_ 5:15pm on Saturday

\_\_\_\_ 8:30am on Sunday

\_\_\_\_ 10:30am on Sunday

**Contact Joe Reid at 785-309-6388 if you have questions.**



## **CODE OF CONDUCT FOR STUDENTS IN GRADES 6-8**

*(To be used for students in Grades 6-8 ministering to other minors in schools and parishes; kept on file at the locations.)*

*To ensure the safety of children and youth in the Diocese of Salina, all student volunteers in GRADES 6, 7 and 8 who work or volunteer with children/youth in school or parish ministry settings in the Diocese of Salina AND their parent/guardian must read and sign this Code of Conduct. This form should be returned to the Safety Coordinator of the parish/school to make certain both the student volunteer and their parent/guardian understand the student's obligations, and that the student demonstrates good moral character so as to serve as a Catholic Christian role model.*

### **Teen Code of Conduct – Promise to Serve**

*Called by God to serve the Body of Christ, I promise to reverence those in my care by:*

- Respecting physical, emotional, and behavioral boundaries.
- Speaking, dressing, and acting appropriately.
- Listening compassionately when a child shares concerns and thoughts.
- Communicating well with my adult supervisors and peers.
- Giving fair, honest, and equal attention to the children or adults whom I serve.
- Being aware of and avoiding potentially harmful situations.
- Being cautious in revealing personal information.
- Reporting any known or suspected child or peer abuse.
- Reflecting God's love and joy in all I say and do.

*Above all, with Christ as my inspiration and model, I will treat each person I encounter with sensitivity, care, and respect.*

Student Volunteer's Name \_\_\_\_\_

Signature of Student Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*We have read and understand this Code of Conduct. We understand any action inconsistent with the code will result in the student volunteer losing the privilege of working with minors in the Diocese of Salina.*



## **CODE OF CONDUCT FOR STUDENTS IN GRADES 9-12**

*(To be used for students in Grades 9-12 ministering to other minors in schools and parishes; kept on file at the location.)*

*As a Youth Volunteer, I will:*

- Review the diocesan social media guidelines.
- Respect the adults and supervisors with whom I interact.
- Protect and care for all children or other youth in my care.
- Treat everyone with respect, loyalty, patience, integrity, courtesy, and dignity.
- Take care to be positive, supportive, and caring in my speaking, writing, and actions with the children/youth.
- Report suspected sexual abuse to my supervisor, parent, principal, or pastor.
- Maintain appropriate sexual, physical, and emotional boundaries with the children/youth.
- Dress appropriately and not wear any clothing with offensive messages or pictures.
- Avoid situations where I am alone with a child/youth.
- Seek to affirm good behavior in children/youth, and avoid criticism or comparison that could hurt.
- Be aware that young people can easily become overly attached to a youth leader or an adult. If I sense that is happening, I will not encourage it. I will make my parent, supervisor, pastor, or principal aware of it so that he/she can help in the matter.

*As a Youth Volunteer, I will not:*

- Commit an illegal or immoral act. Verbally threaten or physically abuse anyone.
- Smoke, vape, or use tobacco products in the presence of the children/youth.
- Use, possess, or be under the influence of alcohol or illegal drugs at any time.
- Use profanity in the presence of children/youth. Use discipline that frightens or humiliates a child/youth. Tolerate inappropriate or bullying behavior.
- Touch a child/youth in a sexual, overly affectionate, or other inappropriate manner.
- Sexually harass, request sexual favors from, or make sexually explicit statements to anyone.
- Promote any view contrary to the teachings of the Catholic Church.
- Place myself in a situation where my interaction with a child/youth cannot be witnessed.
- Participate in private visits, parties, or other activities with the children/youth.
- Develop personal relationships with children over the Internet, or through other forms of communication or social media.
- Accept gifts from or give gifts to children/youth.

Student Volunteer's Name \_\_\_\_\_

Signature of Student Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

*We have read and understand this Code of Conduct. We understand any action inconsistent with the code will result in the student volunteer losing the privilege of working with minors in the Diocese of Salina.*

# PRE Class Guidelines

## St. Elizabeth Ann Seton

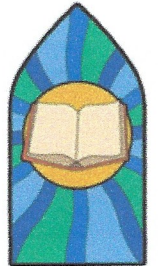


### 1. Show kindness in thought, word, and deed...

- a. [And] be kind to one another, compassionate, forgiving one another as God has forgiven you in Christ. (Ephesians 4:32)

### 2. Follow directions...

- a. "My sheep hear my voice; I know them, and they follow me." (John 10:27)



### 3. Raise your hand for permission to speak...

- a. Know this, my dear brothers and sisters: everyone should be quick to listen, slow to speak, slow to anger... (James 1:19)

### 4. Show respect to your parents and teachers in all you do...

- a. We ask you, brothers and sisters, to respect those who are laboring among you and who are over you in the Lord and who admonish you and to show esteem for them with special love on account of their work. Be at peace among yourselves. (1 Thessalonians 5:12-13)



### 5. Treat others as you want to be treated...

- a. "I give you a new commandment: love one another. As I have loved you, so you should love one another." (John 13:34)

## Grades 1-6 PRE Schedule for 2025-2026 School Year

All classes are on Wednesday evenings from 6:45 - 8:00 pm

Registration after each Mass August 23-24, 2025, and from 6:00 - 7:00 pm on August 27, 2025.

2025 - 2026
September 10 - parents/students - welcome/overview
September 17 - class
September 24 - class - Safe Environment Video
October 1 - class & youth choir practice @ 7:30
October 5 - Sunday Youth Choir - 10:30 Mass
October 8 - class
October 15 - NO CLASS - USD305 P/T Conferences
October 22 - class
October 29 - class & youth choir practice @ 7:30
November 2 - Sunday Youth Choir - 10:30 Mass
November 5 - class
November 12 - class
November 19 - class
November 26 - NO CLASS - Thanksgiving Break
December 3 - class/youth Christmas choir practice 7:45
December 10 - class/youth Christmas choir practice 7:45
December 17 - class/youth Christmas choir practice 7:45
December 24 - Christmas Eve Youth Choir - 5:45 Mass
December 31 - NO CLASS - Christmas Break
January 7 - NO CLASS - Teacher Appreciation Dinner
January 14 - class
January 21 - class & youth choir practice @ 7:30
January 25 - Sunday Youth Choir - 10:30 Mass
January 28 - class - 2nd Gr. parent meeting
February 4 - NO CLASS - USD305 P/T Conferences
February 11 - class - 2nd Gr. Sacrament of Confession
February 18 - NO CLASS - Ash Wednesday
February 25 - class - youth choir practice @ 7:30
March 1 - Sunday Youth Choir @ 10:30 Mass
March 4 - class - Sacrament of Confession - Grades TBD
March 11 - class - Sacrament of Confession - Grades TBD
March 18 - NO CLASS - USD305 Spring Break
March 25 - class - Sacrament of Confession - Grades TBD
April 1 - NO CLASS - Holy Week / April 5 - Easter Sunday
April 8 - class - Sacrament of Confession
April 15 - class - 2nd Gr. parent meeting
April 19 - Sunday First Communion - 2nd Gr. & OCIC
April 22 - class & youth children's choir
April 26 - Sunday Youth Choir @ 10:30 Mass
April 29 - class - textbooks sent home
May 6 - parents/students - final class - May Crowning

All parents will receive a schedule for Parking Lot Monitor. On the night assigned to you, please arrive by 6:15 pm and watch over the parking lot from the entrance of the courtyard to make sure children are safe as they exit vehicles. You may leave at 7:00 pm and return at 7:45 to make sure all children are safe as they return to their vehicles.

THANK YOU!!!

### GRADES 1-6 PRE

**Director of Religious Education (DRE):**

**Mary Harmon    785-493-1903**

**DRE@stesalina.org**

The **first night of PRE (September 10)** is a short class and we ask that all parents and students attend.

The **last night of PRE (May 6)** is May Crowning and farewell celebration. We ask that all parents and students attend.

St. Elizabeth Religious Education  
Confirmation Prep.  
2025-2026 Schedule

Wed. Sept. 3	<b>All Teachers/Assistants Meeting 6:30 pm Parish Hall</b>	
Sun. Sept. 7	<b><u>All Students &amp; Parents Orientation and 1<sup>st</sup> Class 6:30 pm-8:00 pm</u></b>	
Sun. Sept. 28	Class 6:30 pm – 8:00 pm	
Sun. Oct. 5	NO CLASS – <b>Fall Fest</b> (student service hours available)	
Sun. Oct. 12	Class 6:30 pm – 8:00 pm	
Sun. Oct. 26	Class 6:30 pm – 8:00 pm	
Sun. Nov. 9	Class 6:30 pm – 8:00 pm	
Sun. Nov. 16	Class 6:30 pm – 8:00 pm	
Sun. Dec. 7	Class 6:30 pm – 8:00 pm	
Sun. Dec. 14	Class 6:30 pm – 8:00 pm	
<i>Christmas – New Year Break</i>		
Sun. Jan. 11	Class 6:30 pm – 8:00 pm	
Sun. Jan. 18	Class 6:30 pm – 8:00 pm <i>2<sup>nd</sup> Yr. Students Letter to the Bishop – DRAFT Due</i>	
Sun. Feb. 1	Class 6:30 pm – 8:00 pm <i>Letter to the Bishop – FINAL Due</i>	
Sun. Feb. 15	<b>CONFIRMATION RETREAT</b> 1 – 3 pm Parish Hall <i>Mandatory for 2<sup>nd</sup> Year Students/Sponsors only</i>	
Sun. Feb. 15	Class 6:30 pm – 8:00 pm <i>1<sup>st</sup> Year Students only</i>	
Sun. Feb. 22	Class 6:30 pm – 8:00 pm <i>Letter to the Bishop – FINAL Due</i>	
Sun. Mar. 1	Class 6:30pm – 8:00 pm <i>Last Call for Letter to the Bishop</i>	
Sun. Mar. 8	Class 6:30 pm – 8:00 pm <i>LAST CLASS / Confirmation mini-rehearsal</i>	
<i>Spring Break</i>		
<b>Sat. Mar. 28</b>	<b>CONFIRMATION MASS 10:00 AM</b>	
Sat. Apr. 4	St. Elizabeth Easter Egg Hunt	12:00 NOON Sponsored by ALL Confirmation Prep. Students (Students asked to supply candy/help with event)

# O.C.I.C. Schedule 25-26

(Order of Christian Initiation of Children)

**Only For Children in grades 3-12 who are in need of Baptism and/or First Communion**

OCIC Classes will cover the following topics: Overview of the Bible, Overview of the Sacraments and Baptism, Reconciliation (also known as Confession, and The Eucharist. *The dates and times of these classes will be determined at a later date according to family schedules.*

Please note that First Reconciliation for all OCIC students is on Wednesday, February 11, 2026 at 6:45pm.

Students **must ALSO attend the regular PRE classes for their age.**

Grade School PRE is on Wednesday evenings and Confirmation Prep PRE (Grade 7 and up) is on Sunday evenings. See additional schedules for these classes.

Each OCIC child will need to decide whether they will

1. Join the OCIA (Order of Christian Initiation of Adults) candidates at Easter Vigil Mass on Saturday, April 7<sup>th</sup>  
OR
2. Join the 2<sup>nd</sup> graders on Sunday, April 19<sup>th</sup>.

Mary Harmon  
Director of Religious Education Grades 1-6  
785-493-1903  
DRE@stesimalina.org





St. Elizabeth Ann Seton  
2025-2026

All youth grades 1-8 are invited to sing in the Youth Choir!

## YOUTH CHOIR

PRACTICES (7:30-8:00pm) – Oct 1, Oct 29, Jan 21, Feb 25, Apr 22

SING at 10:30am Mass – Oct 5, Nov 2, Jan 25, Mar 1, Apr 26

## CHRISTMAS YOUTH CHOIR

**Watch for the Parent Permission Letter in November**

PRACTICES (7:45-8:15pm) – Dec 3, Dec 10, Dec 17

SING at the 5:45pm Christmas Eve Mass!

Any questions, please contact

**Robyn Clark**

**785-577-9485**

[robyn0630@cox.net](mailto:robyn0630@cox.net)

Make a Joyful Noise!

August 2025

Dear Grade 1-6 PRE Parents and/or Guardians,

We are excited to announce that we, at St. Elizabeth Ann Seton Parish, will be using the *Word of Life* curriculum for PRE grades 1-6 again this year. Our hope is that *Word of Life* will help both students and their families discover their authentic Catholic identity to reinvigorate fruitful participation in the Church's life and mission.

**ACTION NEEDED:** All parents and guardians need to register for *Word of Life* to access your child's lessons, including a digital Student Text, interactive activities, videos, and inspiring resources for the whole family.

**AFTER PRE REGISTRATION:** You will receive an email invitation to access the Portal from [support@wordofliferies.org](mailto:support@wordofliferies.org). Follow the prompts to set up your account. You can also access instructions here: [support.wordofliferies.org/parent-onboarding-instructions](https://support.wordofliferies.org/parent-onboarding-instructions)

**ADDITIONAL RESOURCES:** In addition to the *Word of Life* curriculum resources, all families can access FORMED.org for free through their parish or school access. FORMED is the premier Catholic streaming service and offers over 7,000 Catholic movies, Bible studies, kids' shows, audio dramas, ebooks, and more. View top recommendations for parents here: <https://leaders.formed.org/parent-pathway/>

**To sign up:**

- 1) go to Formed.org
- 2) click on "Sign up as a parishioner"
- 3) click on "I belong to a parish"
- 4) to find our parish, type in "67401"
- 5) click on St. Elizabeth Ann Seton Parish
- 6) click on Next. Enter your name and email address.
- 7) Click "Sign Up" and Enjoy!

**The next time you visit the sight:**

- 1) go to Formed.org
- 2) Click on "Do you already have a FORMED account? Sign in"
- 3) Enter your email address
- 4) Go to your email and look for the sign-in email sent to you
- 5) Click "Sign in Now" in that email
- 6) Click "Start Watching"

*Thank you for your commitment to being the primary educators of your children. It is from you that they first learn about the truth and beauty of their faith. Our goal is support you in forming your children to Jesus, the Word of Life, and the teachings of His Church.*

Blessings,

Fr. Michael, CMI  
Parish Priest

Mrs. Mary Harmon  
Director of Religious Education