Precious Blood Catholic Church

1385 West Sixth Street, Jasper, IN 47546
Phone 812-482-4461 Fax 812-482-7762

July 22, 2026

Dear Family,

We are excited to welcome your child(ren) to be part of our Wednesday Evening Faith Formation here at Precious Blood.

We continue to use the model of utilizing both large group presentations and small group discussions to encourage all participants to grow in faith. Your son or daughter will have the opportunity each week to not only hear about their faith, but to talk to their peers in a small group and respond to what's being shared. The resulting discussion will be an important way that your son or daughter grows in their love for God and desire to follow Him.

Students who attend Holy Trinity are always invited to Wednesday Evening Faith Formation. This ministry is an opportunity for all youth to grow in faith as well as connect with their parish community.

Registration for 2026-2027 is now open. The registration form is enclosed in this packet. **The fee for Faith Formation is $30 per student or a maximum of $75 per family.** Please return the registration form and fees by **Monday, August 24**. Forms may be put in the collection basket, mailed, or dropped off at the parish office.

If you have a child who will receive a sacrament this year (2nd grade or 9th or 10th grade), please also fill out a sacrament registration form and return it along with the registration for Wednesday Evenings. If you have a student who is not in 2nd or 9th or 10th grade but needs a sacrament, let me know.

The first evening of Faith Formation will be Wednesday, September 9. We will begin with Mass at 7:00pm for all of our students, their families, and guests. You are welcome to bring your entire family, including siblings, grandparents, etc. to celebrate Mass and pray for our Faith Formation program this year.

The faith formation calendar and invitation to our opening Mass is on the back of this letter. Please keep it for reference. We look forward to seeing you on September 9!

Thank you and God bless,

Emily Ketzner
Faith Formation Coordinator
812-482-4461 x240
eketzner@evdio.org

Take this, all of you, and drink from it: this is the cup of my blood.

2026 – 2027
Wednesday Evening Faith Formation
7:00pm – 8:15pm

You're Invited!

Join us for the Faith Formation Opening Mass for all students, families, and guests.

Wednesday, September 9, 2026 – 7:00pm in Church

Feel free to invite all family members (siblings, grandparents, etc.) and friends to celebrate with us and pray for our year together.

Date	Activity
Sept 9	Opening Mass for all Students, Families, and Guests – 7:00pm
Sept 16	Faith Formation
Sept 23	Faith Formation
Sept 30	Faith Formation
Oct 7	Faith Formation
Oct 14	Faith Formation
Oct 21	NO MEETING – FALL BREAK
Oct 28	Faith Formation
Nov 4	Faith Formation
Nov 11	Faith Formation
Nov 18	Faith Formation
Nov 25	NO MEETING – THANKSGIVING BREAK
Dec 2	Faith Formation
Dec 9	Faith Formation – Last meeting before Christmas break
CHRISTMAS BREAK	
Jan 13	Wednesday Evening Faith Formation Resumes
Jan 20	Faith Formation
Jan 27	Faith Formation
Feb 3	Faith Formation
Feb 10	ASH WEDNESDAY – ATTEND MASS AS A FAMILY
Feb 17	Faith Formation
Feb 24	Faith Formation
Mar 3	Faith Formation
Mar 10	Faith Formation
Mar 17	Faith Formation – Last meeting of the school year

Precious Blood Catholic Church
2026-2027 Wednesday Evening Faith Formation Registration

Parent's Name _____

Email Address to Use for Updates, Weekly Reminders, Etc._____

Phone where you can be reached on Wednesday Evenings_____

Do you give permission for this phone number to be shared with Bosco Youth Ministry for text reminders of their events? ***Yes*** ***No***

If parent cannot be reached at the above number on Wednesday evening, please call (name and number)

_____

Student Name _____
Date of Birth _____ Grade Entering This Fall _____
Allergies, medical conditions, or special needs:
_____

Student Name _____
Date of Birth _____ Grade Entering This Fall _____
Allergies, medical conditions, or special needs:
_____

Student Name _____
Date of Birth _____ Grade Entering This Fall _____
Allergies, medical conditions, or special needs:
_____

Student Name _____
Date of Birth _____ Grade Entering This Fall _____
Allergies, medical conditions, or special needs:
_____

Any Notes for Parish Staff? (Address/Email Change, Custody, Etc.)_____

_____

***_____ Please check if you are interested in helping with the Faith Formation Program.

Signature of Parent/Guardian _____

Please complete both sides and return to the office by Monday, August 24, 2026.

Registration fee $30 per child or a maximum of $75 per family. Checks can be made to Precious Blood. We do not wish the cost to be prohibitive for anyone; please contact the office if we can help in any way.

WAIVER, RELEASE, AND MEDICAL INFORMATION
September 2026 – March 2027 Wednesday Evening Faith Formation Program

I/We, the parent(s) of the above- named youth(s), hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify, and hold harmless the Bishop of the Catholic Diocese of Evansville, Precious Blood Parish and Pastor and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

WAIVER FOR PERMISSION TO PHOTOGRAPH

I, the undersigned, do hereby consent and agree that the Catholic Diocese of Evansville, its employees, or agents have the right to take photographs, videotape, or digital recordings of my child and to use these in any and all media, now or hereafter known, and exclusively for the purpose of event/program promotion and/or ministry development. I do hereby release to the Catholic Diocese of Evansville its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my child's image or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording my child, either for initial or subsequent transmission or playback. I also understand that the Catholic Diocese of Evansville is not responsible for any expense or liability incurred as a result of my child's participation in this recording, including medical expenses due to any sickness or injury incurred as a result. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

X INITIAL ___

CONDUCT WAIVER

Further, I/we, acknowledge having read, or been aware of the Diocesan Youth/or Adult Codes of Conduct, and the Diocesan Off-site Transportation Policy, and I/We agree to be bound by the terms and conditions set forth in those documents (copies available via www.evdio.org/diocesan-forms-for-oyaya.html). I acknowledge and understand that any action on behalf of my/our child/dependents that is inconsistent with the Diocesan Code of Conduct may result in appropriate disciplinary action as outlined in those documents.

X INITIAL____

MEDICAL CONSENT

The undersigned custodial parent or legal guardian of FAMILY STUDENTS LISTED ON REGISTRATION
does hereby grant and authorize Precious Blood Church and any employee thereof to obtain, at the expense of the undersigned, any medical services, including but not limited to x-ray examination, anesthetic, surgical treatment or any hospital service, for the above named student in the event said student suffers any illness or accident at a time when the undersigned cannot be contacted. It is my request that if reasonably possible, such treatment shall be rendered by our family doctor.

Dr._____Phone_____
or by any physician on call at the hospital emergency room or otherwise available to provide care.
This medical consent is given in advance of treatment to encourage and authorize the employee and the named physician to exercise their judgment in the best interest of my child.

X INITIAL ___

STUDENT MEDICAL INFORMATION:

Student medical problems, concerns, etc. _____

_____

_____

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Parent/Guardian Printed Name: _____

X Signature:_____Date: _____

Please make sure both sides have been completed.