

STUDENT REGISTRATION

Student's Name: _____

School: _____

City: _____ Grade: _____

Email: _____

Date of Birth: _____/_____/_____

Home Phone: () _____

Cell phone: () _____

Mailing Address: _____

City, State & Zip: _____

Home Parish: _____

City: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Home Phone: () _____

Cell phone: () _____

Parental Consent: (to be completed by parent or guardian of minor under age 18)

As parent or guardian for _____
I hereby grant permission for my son to participate in the Fraternitas program on any and all of the dates listed in this brochure.

I understand that participation in this event may involve some risks despite the best efforts of the diocesan leaders to supervise the participants. I agree to pay for any damages my son may incur or cause. I agree to hold the Diocese of Brooklyn and all of their employees or volunteers harmless from any and all liability however caused which may result from my son's participation in the event and/or traveling to and from the program. I give permission to have my child's photo taken during the event to be used for publicity purposes by the Diocese of Brooklyn.

I authorize the diocesan leaders involved with this event to obtain any emergency medical treatment, which my son might require in connection with this activity.

I certify that the above information is correct and give permission for my child to participate in the Fraternitas program. I also grant permission for the release of my son's medical records to an attending physician in case of illness. I fully understand the consequences of the foregoing statements and sign this form knowingly, freely, and willingly.

Parent/Guardian's Name (Please Print)

Signature

Date

HEALTH INFORMATION: (to be completed by parent or guardian of minor)

Health Insurance Co. _____

Policy No. _____

Doctor/Clinic: _____ Phone: _____

Address: _____

Allergies: Please attach a statement noting all known allergies, including how your son has been treated and with what medication. If medications are needed occasionally or regularly, please send them with your son in case of need.

Important Information about FRATERNITAS

Mission Statement: FRATERNITAS is a group for middle school students, dedicated to instilling Christian values in young men with the goal of fostering a true Catholic Gentlemen. Our monthly encounters allow us to accomplish this mission through: prayer, catechesis, sports and sacraments.

Philosophy: The life of our Patron, Blessed Pier Giorgio Frassati is a living witness to the holiness found in young men. Today, young men who are looking for a role model will identify with in this vibrant young outdoorsman with a deep love for Christ, a desire to serve the needy, and a mission to imbue society with Christian ideals. FRATERNITAS will focus on becoming a good Catholic gentlemen and what it means to find God's will in discovering our Christian vocations.

Schedule of the Monthly Encounters

1:00 pm Sign-in & Introduce Theme of the Day

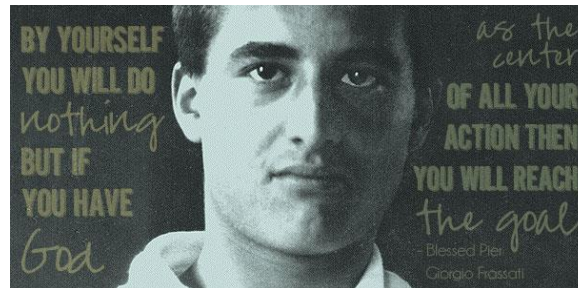
1:30 pm Catechesis

2:00 pm Breakout Session (Small Group Discussions)

2:30 pm Sports

4:00 pm Sunday Vigil Mass

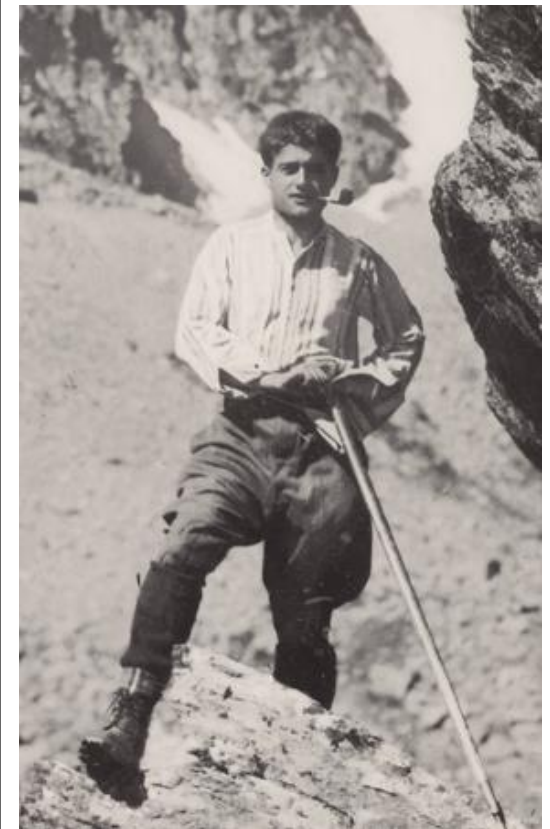
5:00 pm Dismissal



Fraternitas

Fraternity of Blessed Pier Giorgio Frassati

Monthly fraternal group for middle school students in grades 6 – 8 who are striving to live a model life of good Catholic gentlemen through the discernment of God's will in their lives.



Rev. Christopher J. Bethge
Assistant Vocation Director
718-465-8534

cbethge@cathedralprep.org

Dates for 2019-2020

Sat. Sept. 28th Topic: *Moving Forward*

Sat. Oct. 26th Topic: *Saints, Our Example & Our Goal*

Sat. Nov. 23rd Topic: *Thanksgiving & Family*

Sat. Dec. 21st Topic: *The Greatest Gift*

Sat. January 25th Topic: *Start Over*

Sat. February 29th Topic: *Divine Mercy*

Sat. Mar. 28th Topic: *“Imitate what you celebrate.”*

Sat. Apr. 25th Parish Vocation Committee Gathering

Sat. May 30th Topic: *Perseverance*

Sat. June 20th Topic: *“Do not grow weary of doing good.”*

Location:

**Cathedral Preparatory
School and Seminary**
56-25 92nd Street
Elmhurst, NY 11373

Time:

1:00 to 5:00 PM
(Sunday Vigil Mass at 4:00 PM)



Dear Parents,

One of the greatest and life-giving responsibilities of being a parent is the ministry of educating your children. Parents are, through the witness of their lives, the primary formators in the way of faith.

FRATERNITAS is a group for middle school boys (grades 6 to 8), dedicated to instilling Christian values in young men with the goal of fostering true Catholic gentlemen. The monthly meetings will take place at Cathedral Preparatory School and Seminary (56-25 92nd Street; Elmhurst, NY 11373) on Saturdays from 1:00 PM to 5:00 PM. The afternoon will include prayer, catechesis, sports and the celebration of Holy Eucharist, which you are most welcome to join us.

Included in this brochure is a copy of the meeting dates and schedule, as well as a “Parent Volunteer Form”. The success of this program is not based on the number of boys that participate, but also on the involvement and cooperation of the parents. Since FRATERNITAS is just getting off the ground, we are looking for parental volunteers to assist in various roles. Kindly let us know what date(s) you may be able to help out. We will get back to you, confirming the date(s) you have been assigned to volunteer. These and other forms can be found on our website at <https://brooklynpriests.org/get-involved/fraternitas/>

Should you have any questions, please do not hesitate to contact me at 718-465-8534 or by email cbethge@cathedralprep.org. For the Vocation Office, please call Christine Dost at 718-827-2454.

Sincerely,

Rev. Christopher J. Bethge
Assistant Vocation Director

PARENT REGISTRATION

Dear Parent,

Please check off the date(s) you are able to volunteer in any of the following capacities:

- Door monitor
- Attendance monitor
- Assist the Director or Presenter
- Chaperone in the gym

The time frame would be from 12:30 PM until 5:00 PM. You will be notified which date(s) you have been assigned.

Thank you, in advance, for considering this request.

Sincerely,

Rev. Christopher J. Bethge

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Please complete this form and return it to the Vocation Office:

Mail: Vocation Office, 7200 Douglaston Parkway,
Douglaston, NY 11362
Email: cdost@diobrook.org

I am able to volunteer my time on the following date(s):
(check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> September 28, 2019 | <input type="checkbox"/> February 29, 2020 |
| <input type="checkbox"/> October 26, 2019 | <input type="checkbox"/> March 28, 2020 |
| <input type="checkbox"/> November 23, 2019 | <input type="checkbox"/> April 25, 2020 |
| <input type="checkbox"/> December 21, 2019 | <input type="checkbox"/> May 30, 2020 |
| <input type="checkbox"/> January 25, 2020 | <input type="checkbox"/> June 20, 2020 |

Parent's Name

Phone Number

Email address

Son's Name

Parent's Signature and Date