



# JEREMIAH DAY

SATURDAY, APRIL 21, 2018

MUNDELEIN SEMINARY



DIOCESE OF JOLIET



FOR BOYS IN 7<sup>TH</sup>, 8<sup>TH</sup>, 9<sup>TH</sup> AND 10<sup>TH</sup> GRADE  
FROM THE JOLIET DIOCESE

## IS IT FOR YOU?

- Do you often feel close to God?
- Do you try to do the right thing?
- Do you like helping other people?
- Are you a good leader?
- Do you like to learn new things?

*If you answered "Yes" to these questions  
then Jeremiah Day IS for you!!*

The story of the prophet Jeremiah tells us that it is never too early to think about God's plan for us. This is a day for boys to grow closer to God and to visit a seminary. The activities include a tour of Mundelein Seminary, talks about how God calls us, lunch, recreation time and open gym, and Mass. It is hosted and lead by the Joliet Diocese seminarians at Mundelein Seminary.

## JEREMIAH DAY SCHEDULE

9:00 AM	Registration & Basketball
10:00 AM	Opening Session
10:45 AM	Gym time/non-athlete activity or parent talk
11:45 PM	Lunch
12:30 PM	Adoration
1:100PM	Campus Tour
2:00 PM	Session II
2:30 PM	Break
3:00 PM	Session III
4:00 PM	Mass

Carpooling on a parish level is suggested. Parents, youth ministers, teachers and parish priests are invited to attend as well. For more information please call the Joliet Diocese Vocation Office at 815-221-6141.

## JEREMIAH DAY REGISTRATION

I will attend the Jeremiah Day at Mundelein Seminary on Saturday, April 21, 2018

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

Birthdate: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_

Parish: \_\_\_\_\_

\_\_\_\_\_

Grade in School: 7th 8th Fr. So.

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

School: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Email: \_\_\_\_\_

*Please include the name and phone number and relationship of the person who will be transporting you to and from Mundelein Seminary:*

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Food Sensitivities/Allergies:

\_\_\_\_\_  
\_\_\_\_\_

**Return this form no later than April 19, 2018 to the:**  
Joliet Diocese Vocation Office • 16555 Weber Road • Crest Hill, IL 60403  
or Fax to: 815.838.8129

**A Parent Permission Form is also Required (see reverse side of this form)**

**There is a \$10.00 registration fee. Lunch will be provided.**  
Call Lisa Shannon at 815.221.6141 if you have any questions

**JOLIET DIOCESE VOCATION OFFICE  
JEREMIAH DAY SEMINARY TRIP  
PARENTAL PERMISSION FORM**

PARENTAL / GUARDIAN AUTHORIZATIONS - Required of all participants

I hereby give permission for my child \_\_\_\_\_ to participate in the trip to Mundelein Seminary, in Mundelein, Illinois, on April 21, 2018 with the Joliet Diocese Vocation Office. Authorization and permission is hereby given to the diocese to furnish any necessary transportation, food and lodging for my child. I hereby release and indemnify the Vocation Office, its staff, volunteers, and the Joliet Diocese, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

I further agree to hold harmless and indemnify the Diocese of Joliet, its directors, employees and agents, for any liability sustained by the diocese as the result of the negligent, willful or intentional acts of my child, including expenses incurred attendant thereto.

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

(\_\_\_\_)\_\_\_\_\_  
Area Code and Phone Number

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**MEDICAL PERMISSION FORM**

I grant permission for the administration of first aid to (Fill in the name of the child) \_\_\_\_\_ BY THE PEOPLE IN CHARGE OF JEREMIAH DAY, and those transporting my child to and from the program as their judgement deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parents/guardian of the participant. In the event I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed as necessary for my child.

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

Date: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_\_ City, State: \_\_\_\_\_

Any medication or medical condition that chaperones should be aware of:

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**INSURANCE INFORMATION**

Policy in name of: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Fax this completed form to the Vocations Office at 815-838-8129 or mail it to:  
Blanchette Catholic Center  
ATTN: Vocations Office  
16555 Weber Road  
Crest Hill, IL 60403