Jeremiah

FOR BOYS IN GRADES 7-10

SATURDAY, APRIL 27, 2024 MUNDELEIN SEMINARY





The story of the prophet Jeremiah tells us that it is never too early to think about God's plan for us



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!

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

10 a.m. Registration & Basketball

11 a.m. Session I 11:45 a.m. Campus Tour

12:30 p.m. Lunch 1:15 p.m. Adoration

2:15 p.m. Session II at the Pier 2:45 p.m. Break and Session III

4 p.m. Mass 5 p.m. Depart

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) 221-6171.



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Name	Birthdate	//
Address	Parish	
·	Grade in s	school 🗖 7th 🗖 8th 🗖 9th 🗖 10th
Phone	School	
Parent/Guardian Signature:	Email	
	ad ralationabin of the nargen who will	he transporting you to and from Mundelein Seminary:
Please include the name and phone number a	id relationship of the person who will	be transporting you to and from Mundelein Seminary.
	Phone	Relationship
Name Food sensitivities/allergies	Phone	Relationship



JEREMIAH DAY SEMINARY TRIP (Grades 7-10)

PARENTAL PERMISSION FORM

I hereby give permission for my son to participate at the				
for any liability sustained by the diocese as the r including expenses incurred attendant thereto.				
Signature of Parent/Guardian	Date	Parent Cell Phone Number		
PHOTO, VIDEO, AND S	OCIAL MEDIA RELEASE	FORM		
Yes, I hereby grant the Diocese of Joliet the a with respect to photographic portraits, video, editoring, or in wore-use, publish and republish the same in whole or and in conjunction with any printed matter, in any a purpose whatsoever, for illustration, promotion, art, whatsoever with restriction as to alteration; from time or otherwise made through any media, including so inspect or approve the finished products or the adviction connection therewith or the use to which it may be harmless the Diocese of Joliet, its legal representation authority, from any liability in connection with the alteration, processing or use thereof in composite for publication thereof. I understand that the photograph into stock files. I agree that the photographs, the trasame shall be the sole property of the Diocese of Jesus and the process of Jesus and the process of Jesus and the photographs, the trasame shall be the sole property of the Diocese of Jesus and the photographs and the photographs and the photographs and the photographs are processed as the photographs and the photographs are processed as the photographs and the photographs are processed as the photographs are processed as the photographs and the photographs are processed as the photograph	al or any pictures the Dioce hich may be included with of in part, individually or in col- nd all media now or hereaft editorial, advertising and tra- te to time, or reproductions cial media. I hereby waive a ertising copy or printed mat applied. I hereby release, d ives or assigns and all pers use of the photos or video orm, whether intentional or this or video taken by the Di- ansparencies thereof, video	ese of Joliet takes of my child, others, to copyright the same, to njunction with other photographs, are known, and for any other ade, or any other purpose thereof in color, black and white any right that I may have to ter that may be used in ischarge and agree to save sons acting under its permission as aforesaid or by virtue of any otherwise, as well as any ocese of Joliet will be included and the rights to copyright the		
Signature of Parent/Guardian		Date		
MEDICAL PERMISSIO	N / INSURANCE INFORMA	ATION		
I grant permission for the administration of firs BY THE PEOPLE IN CHARGE OF JEREMIAH the program as their judgment deems advisable physicians for treatment of illness or accidents of promptly notified in the event of any serious illness delay in such communication would endanger life effort will be made to contact the parents/guardia hereby give permission to the physician selected for, and to order injection, anesthesia or surgery,	I DAY and those transpoe, and to make the neces a more serious nature. s or accident prior to any leading to the participant. In the by the adult staff to hose	sary referrals to qualified I understand that I will be major surgery, except when ergency, I understand that every e event I cannot be reached, I spitalize, secure proper treatment		
Signature of Parent/Guardian	Date	Phone		
Address	City/State			
Indicate participant's allergies/medical condition:				
INSURANCE INFORMATION				
Policy Holder	Policy No			
Insurance Company Name				

Please email to: vocations@dioceseofjoliet.org
Diocese of Joliet, Attn: Vocations Office, 16555 Weber Road, Crest Hill, IL 60403