



ROSARY GUILD 2016-2017

Dear Parents,

The St. Martha Children’s Rosary Guild begins on Thursday, September 15, 2016.

ALL STUDENTS IN 3<sup>RD</sup> THRU 8<sup>TH</sup> GRADE ARE INVITED TO JOIN!

Meetings will be held on **Thursdays, from 3:15 – 4:30 p.m.** in the Family Life Center on the Faith Formation campus. Please see the Rosary Guild Calendar on the school website for meeting dates. We ask that you be sure to pick up your child **on time** at 4:30 p.m. in the FLC. Due to time constraints this year, we will only be able to provide for **25 members**.

Meetings consist of a small snack and water for the students and making rosaries from pre-made packets. All rosary making will be done during the guild meetings. Packets cannot be taken home. Please explain to your child that rosary making is a **MINISTRY** and the rosaries they make will be donated to places such as the St. Martha Adoration Chapel, the Military, area hospitals, the school and other organizations.

We ask that each student take a turn bringing snacks for the group so we will be creating a snack schedule that will be sent home with the students. **Please be sure to join the Rosary Guild Flocknote list as this is an important source of communication for information and last minute changes.**

We never turn down help so any volunteering is appreciated. All volunteers at the meetings must be compliant with VIRTUS training. Please contact the school office at 281-358-5523 for more information on the VIRTUS Program and workshop dates or visit the following website [www.virtus.org](http://www.virtus.org).

For further information, or to volunteer, please contact Mimi Whitfield at 713-822-6524.



ROSARY GUILD PERMISSION FORM 2016 - 2017

My child, \_\_\_\_\_ has my permission to join the Rosary Guild and attend meetings on Thursdays from 3:15 – 4:30 p.m. in the Family Life Center (FLC).

My child will: \_\_\_\_\_ be picked up from the FLC \_\_\_\_\_ go to BASP after the meetings.

Parent Signature: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

CONTACT INFORMATION:

Mother’s name: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

Father’s name: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

Please return this form to the school office by Friday, September 9, 2016.