

Student Name _____ RETURN ON February 25, 6 PM

February 2019	Circle DATE	STUDENT'S INITIALS
4 th Sunday of Ordinary Time	2/3	
5 th Sunday of Ordinary Time	9/10	
6 th Sunday of Ordinary Time	16/17	
7 th Sunday of Ordinary Time	23/24	

*Yo, *aseguro* que mi hijo eh asistido a las Misas Catolicas _ de los 4 domingos de este mes.
*I *confirm* that my child has attended Catholic Mass _____ out of 4 Sundays this month.
*Parent Signature _____ Date _____

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MASS TIMES

DAY	TIME	PLACE	LANGUAGE
Saturday	5:00 PM	St. Thomas Aquinas Catholic Church (725 S 250 E, Hyde Park)	English
	7:00 PM		Spanish
Sunday	10:00 AM	St. Thomas Aquinas Catholic Church (725 S 250 E, Hyde Park)	English
	1:00 PM		Spanish
	6:00 PM	St. Jerome Newman Center (795 N 800 E, Logan)	English

CONFESSION TIMES: Wednesdays 5:30-6:45 PM and Saturdays 4:00-4:45 PM

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