

Student Name _____ RETURN ON April 8, 6 PM

March 2019	Circle DATE	STUDENT'S INITIALS
8 th Sunday of Ordinary Time	2/3	
1 st Sunday of Lent	9/10	
2 nd Sunday of Lent	16/17	
3 rd Sunday of Lent	23/24	
4 th Sunday of Lent	30/31	

*Yo, *aseguro* que mi hijo eh asistido a las Misas Catolicas _ de los 5 domingos de este mes.

*I *confirm* that my child has attended Catholic Mass _____ out of 5 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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