

# SEAS Family of Faith Activity



October

Family Activity

Grades 9– 11

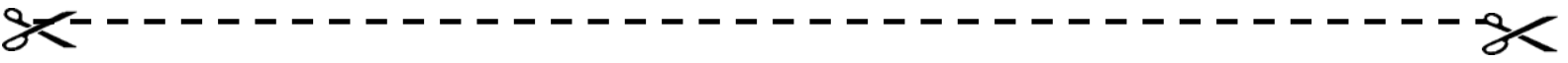
## Would You Rather...

### Directions:

- Discuss the below random, but fun, would you rather questions with a parent or as a family
- Both the parent and student should make a choice. After selecting, explain why you choose that option.
- When finished have a parent verify it was completed either by email or return the form or slip to church

## Would You Rather....

- |   |    |  |
|---|----|--|
| <input type="checkbox"/> Have to sleep on concrete every night for the rest of your life                    | OR | <input type="checkbox"/> Only be able to eat saltine crackers and vitamins for the rest of your life     |
| <input type="checkbox"/> Love someone for half your life but live the other half in grief after losing them | OR | <input type="checkbox"/> Never love and live alone without sadness                                       |
| <input type="checkbox"/> Sneeze whenever you say a word that has the letter "E" in it                       | OR | <input type="checkbox"/> Throw up whenever you say a word that has the letter "Z" in it                  |
| <input type="checkbox"/> Forget your password every time you try to login                                   | OR | <input type="checkbox"/> Not know your name every time you try to tell it to someone you just meet       |
| <input type="checkbox"/> Be allergic to the sun   | OR | <input type="checkbox"/> Be allergic to your sweat   |
| <input type="checkbox"/> Have to always talk like Yoda  | OR | <input type="checkbox"/> Have to always breath like Darth Vader  |
| <input type="checkbox"/> Be the best player on bad team   | OR | <input type="checkbox"/> Be the worst player on a good team  |
| <input type="checkbox"/> Be four feet tall  | OR | <input type="checkbox"/> Be ten feet tall  |
| <input type="checkbox"/> Be at a job that you hate and always know you'll have enough money                 | OR | <input type="checkbox"/> Be at a job that you love but always worry if you have enough to pay your bills |
| <input type="checkbox"/> Always have to listen to your parents' advice                                      | OR | <input type="checkbox"/> Never be able to listen to your parents' advice                                 |
| <input type="checkbox"/> Go to school everyday for your whole life  | OR | <input type="checkbox"/> Never get to school to school ever in your life                                 |



### October Family Activity: Would You Rather... (Grades 9-11)

Return either the whole sheet or bottom portion to your Weekly FF teacher, drop off in the basket of the parish office, have a parent email [jannoye@seasgb.org](mailto:jannoye@seasgb.org) (notifying the activity was completed & child's name), or return your school office if student is from HFS).

How would you rate the faith activity for potential use with other students/parents in the future? (1 being lowest / 4 being highest)  
1      2      3      4

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
(Please Print)

Parent Signature: \_\_\_\_\_

# SEAS Family of Faith Activity

October

Faith Activity

Grades 9-11



## Creating a Spiritual Plan

God wants each of us to have an active relationship with him. One way to help us focus on our faith throughout the many demands of daily life is to set goals and try to develop habits that help us acknowledge and grow our need to spend time and grow our relationship with God

### Directions:

- On the left side of the page, list five things that would help you recognize and grow your relationship with God.
- On the right side of the page list the places or times of day that might be a good time to develop and spend

**List five things you can do to spend time and grow your relationship with God**

**List a good time & day to spend that time with God**

**List a good location to spend that time be with God**

1.

2.

3.

4.

5.



**October Faith Activity:** Spiritual Plan (Grades 9-11)

Return either the whole sheet or bottom portion to your Weekly FF teacher, drop off in the basket of the parish office, have a parent

How would you rate the faith activity for potential use with other students/parents in the future?

(1 being lowest / 4 being highest)

1 2 3 4

**Student Name:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_  
(Please Print)

**Parent Signature:** \_\_\_\_\_