

Church of St. Mary • 1347 East 49th Place • Tulsa, Oklahoma • 74105-4798 • 918-749-2561

**RELIGIOUS EDUCATION REGISTRATION • 2008 - 2009**

**RETURN ONE FORM PER FAMILY. FEE: \$25 PER CHILD OR \$45 PER FAMILY**

Parent/Guardian Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail Address: (Please print clearly) \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ School \_\_\_\_\_  
 Student resides with: (check one)  Both Parents  Guardian  Mother  Father  Other \_\_\_\_\_  
 If student's last name is different from parent's last name, please indicate \_\_\_\_\_  
 am a registered parishioner at St. Mary's:  Yes  No

**PRESCHOOL (3 & 4 YEAR OLDS)**

Student Name	Age as of 09/01/08	Birth Date	Sex	Sacraments Received				Office Use Only
				Bap.	Recon.	Euc.	Conf.	

**KINDERGARTEN – 5<sup>TH</sup> GRADE**

Student Name	Grade as of Fall 2008	Birth Date	Sex	Sacraments Received				Office Use Only
				Bap.	Recon.	Euc.	Conf.	

Please indicate if your student has any allergies or special needs \_\_\_\_\_  
 \_\_\_\_\_

I am willing to be a:  Teacher  Classroom assistant  Substitute  Other \_\_\_\_\_  
 (R.E. fees are waived if parent volunteers to be a full-time catechist.)

**VIRTUS TOUCHING SAFETY PROGRAM FOR CHILDREN**

The Diocese of Tulsa requires that each Parish Religion program and Catholic School includes in its curriculum the VIRTUS Touching Safety Program for Children beginning with the Kindergarten class. St. Mary is required to file an attendance report for the program to the Diocese at the end of each school year. Parents are provided an opportunity to preview the program before it is presented in the classroom. In order for St. Mary to be in compliance with the Diocese, please answer the following questions.

Yes  No I give permission for my child(ren) to attend the VIRTUS Touching Safety Program for Children.  
 Yes  No If no, do you wish to receive the lesson plans for use at home?

\_\_\_\_\_  
 Parent Signature Date

**PLEASE COMPLETE MEDICAL RELEASE ON BACK**

**OFFICE USE ONLY:**  Paid \$ \_\_\_\_\_  Check # \_\_\_\_\_  Cash  Scholarship  Entered/Computer  
 Perm. Medical Record on File  Current Medical Release on File

# CHURCH OF ST. MARY

## MEDICAL RELEASE FORM

I/We the undersigned parent(s) or legal guardian(s) of

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

(child's name)

do hereby authorize any x-ray examination, anaesthetic, dental, medical or surgical diagnosis or treatment by any licensed physician or dentist and/or hospital service that may be rendered to said minor under the general, specific or special request of Linda Schoonover or person working on her behalf.

This consent will remain effective from June 1, 2008 until October 1, 2009.

I understand that every precaution will be taken to ensure my daughter/son/ward's safety. Should an accident occur, I will not hold The Church of St. Mary or the Diocese of Tulsa or its paid staff or volunteer staff responsible.

Further, I understand that attempts will be made to immediately contact me should an accident occur. If the parish is unable to contact me, I understand that an ambulance or emergency personnel will be notified. Payment for medical emergencies is the responsibility of the parent/guardian.

Signature Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

### EMERGENCY PHONE NUMBERS

NUMBER	NAME/RELATIONSHIP
1.	
2.	
3.	

# CHURCH OF SAINT MARY - MEDICAL INFORMATION FORM

**STUDENT'S NAME:**

**FOR JUNE 1, 2008 TO OCTOBER 1, 2009**

\_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Sex: \_\_\_  
(Last Name) (First Name) (Middle Name)

School \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## **PERMISSION FOR PRESCRIBED MEDICATION**

List any medications being taken at this time. *(If more space is needed, list on reverse side of this form)*

Name of Medication: \_\_\_\_\_ Form: tablet/capsule/liquid/inhaler/injection/nebulizer

Reason for Medication: \_\_\_\_\_

Instructions (schedule and dose to be given at parish: program): \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Other: \_\_\_\_\_

Restrictions and/or important side effects: \_\_\_\_\_

Special Storage requirements: \_\_\_\_\_ Student may carry medication: No \_\_\_ Yes \_\_\_

Student is both capable and responsible for self-administering medication: No \_\_\_ Yes-Unsupervised \_\_\_ Yes-Supervised \_\_\_

**I give permission for (name of child)** \_\_\_\_\_ to receive the above medication at the parish program according to standard parish policy. (Some parishes require parent/guardian to bring the medication in its original container.)

**Signature of Parent/Guardian:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

## **OTHER INFORMATION**

Date of Last Tetanus Booster: \_\_\_\_\_

List any allergies: \_\_\_\_\_

List any medical conditions/pertinent health information we should be aware of: \_\_\_\_\_

## **INSURANCE/PHYSICIAN INFORMATION**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

## **RELEASE**

In case of an emergency and parents/guardians cannot be reached, an ambulance or emergency personnel will be notified. Payment for medical emergencies is the responsibility of the parents/guardians.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ONE FORM REQUIRED PER CHILD**

# CHURCH OF SAINT MARY RELIGIOUS FORMATION

Pre-School Ages 3 & 4  
&  
Grades K thru 5



## CLASS SCHEDULE & REGISTRATION FORM 2008-2009

### Sunday Morning

Elementary ..... 9:00 a.m.

\*Pre-School 3's & 4's ..... 10:15 a.m.

*\*Pre-School children must have turned 3 by September 1*

At scheduled times throughout the year, the Sunday morning classes will be replaced with a learning session designed for the entire community. *These hands-on, interactive events will be considered part of the children's curriculum; children registered in RE and their parents will be expected to attend.* And, the entire parish will be invited.

These additions to our Religious Education program will help us grow toward the vision of lifelong faith formation presented by the Catholic Church in the General Directory for Catechesis which:

- nurtures the Catholic identity of all parishioners for a lifetime.
- utilizes the whole life of the Church as its faith formation curriculum.
- engages all generations in participating in Catholic community life.
- involves all generations in learning together.
- equips and supports families in creating a Catholic way of life.
- transforms the parish community into a community of lifelong learners, engaging everyone as both teacher and learner.

Director of Religious Ed.

Linda Schoonover

749-2561, ext 123

[lschoonover@churchofsaintmary.com](mailto:lschoonover@churchofsaintmary.com)

# CHURCH OF SAINT MARY

## 2008-2009 SUNDAY RELIGIOUS EDUCATION CALENDAR

**Kindergarten-5th Grade-----9:00 a.m.**  
**Pre-school-----10:15 a.m.**  
**Children's Liturgy of the Word (CLOW) ----- 10:15 a.m.**

September	07 14 21 28	RE & CLOW RE & CLOW RE & CLOW RE & CLOW	Rosary Lesson - All Classes
October	05 12 19 26	RE & CLOW Community Catechesis <b>No RE or CLOW</b> RE & CLOW	Family Rosary Sacraments of Initiation (8:30 - 10:00 a.m.) <b>Fall Break</b> Stewardship Lesson - All Classes
November	02 09 16 23 30	RE & CLOW RE & CLOW RE & CLOW RE & CLOW <b>No RE or CLOW</b>	Self Safety Lesson - All Classes  <b>Thanksgiving</b>
December	07 14 21 28	RE & CLOW RE & CLOW <b>No RE or CLOW</b> <b>No RE or CLOW</b>	2 <sup>nd</sup> Sunday of Advent 3 <sup>rd</sup> Sunday of Advent <b>Christmas Break</b> <b>Christmas Break</b>
January	04 11 18 25	RE & CLOW RE & CLOW RE & CLOW RE & CLOW	
February	01 08 15 22	RE & CLOW Community Catechesis RE & CLOW RE & CLOW	Sacraments of Healing (8:30 - 10:00 a.m.)
March	01 08 15 22 29	RE & CLOW RE & CLOW <b>No RE or CLOW</b> <b>No RE or CLOW</b> RE & CLOW	1 <sup>st</sup> Sunday Lent - 3 <sup>rd</sup> Grade Reconciliation 2 <sup>nd</sup> Sunday of Lent - 4/5th Grades Reconciliation <b>Spring Break</b> <b>Spring Break</b> Family Stations of the Cross
April	05 12 19 26	RE & CLOW <b>No RE or CLOW</b> RE & CLOW RE & CLOW (No 2 <sup>nd</sup> grade class)	Palm Sunday <b>Easter</b>  First Communion
May	03	Community Catechesis	Sacraments of Service (8:30 - 10:00 a.m.)

**Please keep calendar for your records**