

CHURCH OF ST. MARY

1347 East 49th Place • Tulsa, Oklahoma 74105-4798 • 918-749-2561

FIRST RECONCILIATION AND FIRST EUCHARIST REGISTRATION 2008 - 2009

FEE: \$10 PER STUDENT

FILL OUT COMPLETELY - Sacraments cannot be registered without this information.

Student's Full Name _____ / ____ / ____ / ____ (M F)
(First) (Middle) (Last) (Birthdate) (Sex)

Address _____ City _____ Zip _____ - _____

E-Mail Address: (Please print clearly) _____

Home Phone _____ Father's Work _____ Mother's Work _____

Cell Phone _____ School _____

Grade _____ Age _____ Father's Name _____

Mother's Name _____ Maiden Name _____

BAPTISMAL INFORMATION:

Note: Child must have been baptized in the Catholic Church, and, a copy of baptismal record is required unless baptized at St. Mary.

Date of Baptism: Month _____ Day _____ Year _____

Church of Baptism: _____

Place of Baptism: City _____ State _____

If your child was not baptized Catholic, please complete:

Baptized? Yes No If yes, what denomination? _____

OTHER INFORMATION:

Is your family registered in the parish? Yes No

What Religious Education has student had in the **past year**? Catholic School Parish RE

PLEASE COMPLETE MEDICAL RELEASE ON BACK

OFFICE USE ONLY:

_____ Baptismal Certificate Received _____ Profession of Faith _____ (Date if applicable)

Paid \$ _____ Check# _____ Cash _____ Entered in computer

_____ Permanent Medical Record on File? _____ Current Medical Release on File?

First Reconciliation date: _____ **First Communion date:** _____

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) (Middle Name) (First 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
SACRAMENTAL PREPARATION CALENDAR
2008 - 2009

PARENT GATHERINGS

	<u>Wednesday</u>		<u>or</u>		<u>Sunday</u>
Introduction Mtg	October 22, 2008	10 a.m.	<u>or</u>	October 26, 2008	9 a.m..
Eucharist Class	January 7, 14, 21	7 p.m.	<u>or</u>	January 4, 11, & 18	9 a.m
Reconciliation Class	February 4, 2009	7 p.m.	<u>or</u>	February 8, 2009	9 a.m
Reconciliation Planning	February 18, 2009	10 a.m.	<u>or</u>	February 22, 2009	9 a.m.
Eucharist Planning	April 1, 2009	10 a.m.	<u>or</u>	April 5, 2009	9 a.m.

CHILDREN / FAMILY ACTIVITIES

Reconciliation Retreat	March 8, 2009	1:30 p.m.
First Reconciliation	March 10, 2009	5:30 - 7:00 p.m.
Family Mass Class	March 29, 2009	1:30 p.m.
Eucharist Retreat	April 19, 2009	1:30 p.m.
First Eucharist Rehearsal	April 25, 2009	9:00 a.m.
First Eucharist Rehearsal	April 25, 2009	10:30 a.m.
First Eucharist	April 25, 2009	5:00 p.m.
First Eucharist	April 26, 2009	12:15 p.m.

PLEASE KEEP CALENDAR FOR YOUR RECORDS



CHURCH OF SAINT MARY

SACRAMENTAL
PREPARATION

REGISTRATION FORM
&
ACTIVITY SCHEDULE
2008-2009



FIRST RECONCILIATION AND FIRST EUCHARIST

General requirements for registration in the Sacramental Preparation program:

1. Child must be baptized Catholic.
2. Child and family must be attending Mass regularly.
3. Child should be at least 7 years old - which is normally the 2nd grade.
4. Child must have had at least one year of formal religion class before beginning the preparation program and be currently enrolled in a 2nd Grade religion class, either in Catholic School or the parish religious education program.
5. Family must be registered at The Church of Saint Mary.

The parish sacramental program involves the parents as well as the children. As the primary educators of their children, parents are required to attend a series of adult gatherings designed to help them prepare their children for the sacraments. Children will join with their parents in a few large group sessions for final preparation in the Spring, in addition to the religion classes they are attending.

Registration Fee - \$10.00

CONTACT

Linda Schoonover

749-2561, ext 123

lschoonover@churchofsaintmary.com