

**CHURCH OF SAINT MARY
SUNDAY MORNING
RELIGIOUS FORMATION**

**2011 – 12
REGISTRATION FORM
& CLASS SCHEDULE**

**PRE-SCHOOL AGE 3
to 5TH GRADE**



Elementary 9:15 a.m.
Pre-School 3's & 4's 10:30 a.m.
(Pre-School children must be 3 years old by September 1)

PARENT PARTICIPATION

Each parent is asked to spend at least one class session with their child each semester. In addition, at scheduled times throughout the year, class sessions will include opportunities for families to participate together. These sessions are designed to provide parents and other adults in our parish an opportunity to enhance their knowledge and practice of the Catholic faith.

Active involvement by parents and other adults in our children's faith formation program will help all of us grow toward the vision of lifelong faith formation which is encouraged by the Catholic Church. Formation 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.
- Equips and supports families in creating a Catholic way of life.
- Transforms the parish community into a community of lifelong learners.

Director of Faith Formation

Linda Schoonover

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RELIGIOUS EDUCATION REGISTRATION • 2011 – 2012

PRE-SCHOOL THROUGH 5TH GRADE

ONE FORM PER FAMILY. FEE – \$25 PER CHILD OR \$50 PER FAMILY. (NO FEE IF PARENT IS A FULL-TIME VOLUNTEER)

Parent/Guardian Name _____

Address _____ City _____ Zip _____

E-Mail Address (Print clearly) _____

Home Phone _____ Mother's Cell Phone _____ Father's Cell Phone _____

School _____

Student resides with Both Parents Guardian Mother Father Other _____

Student's last name, if different from parent's last name _____

Are you registered parishioners at St. Mary's Yes No

Student Name	Age as of Sept. 1	Grade as of Sept. 1	Birth Date	Sex (M/F)	Sacraments Received				Office Use Only
					Bapt	Recon	Euch	Conf	

Please indicate if your child has any allergies or special needs _____

I am willing to be a Teacher Teacher's Aide Substitute Other _____

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/Com
 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, anesthetic, 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, Brian Desmarais, or persons working on their behalf.

This consent will remain effective from June 1, 2011 until October 1, 2012.

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 – JUNE 1, 2011 TO OCTOBER 1, 2012

(Complete one form per family)

Parent/Guardian: _____ Primary Phone: _____

(Last Name) (Father) (Mother)

Address: _____ City: _____ Zip: _____

Other Emergency Contact: _____ Phone: _____

STUDENT(S)' NAME:

(Last Name) (First Name) (Middle Name)

(1) _____ Birthdate: ___/___/___ Sex: ___ School _____ Grade _____

(2) _____ Birthdate: ___/___/___ Sex: ___ School _____ Grade _____

(3) _____ Birthdate: ___/___/___ Sex: ___ School _____ Grade _____

(4) _____ Birthdate: ___/___/___ Sex: ___ School _____ Grade _____

(5) _____ Birthdate: ___/___/___ Sex: ___ School _____ Grade _____

Permission for Prescribed Medication: If any of the above listed children require medication please indicate name of child and complete the following. If not, please mark here: **NOT APPLICABLE**

List any medications being taken at this time (by child's name). If more space is required please use reverse side of this form and mark here:

Child's Name(s) _____

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

List any allergies (by child's name) _____

List any medical conditions/pertinent health information we should be aware of (by child's name) _____

Insurance/Physician Information (Required for all students)

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:** _____

CHURCH OF SAINT MARY
2011-2012 SUNDAY RELIGIOUS EDUCATION CALENDAR

Kindergarten-5th Grade-----9:15 a.m.
 Pre-school--- -----10:30 a.m.
 Children’s Liturgy of the Word (CLOW)-----10:30 a.m.

September	11 18 25	RE & CLOW RE & CLOW RE & CLOW	24 th Sunday Ordinary Time 25 ^h Sunday Ordinary Time 26 th Sunday Ordinary Time	Rosary Lesson - All classes
October	02 09 16 23 30	RE & CLOW RE & CLOW RE & CLOW No RE or CLOW RE & CLOW	27 th Sunday Ordinary Time 28 th Sunday Ordinary Time 29 th Sunday Ordinary Time 30 th Sunday Ordinary Time 31 st Sunday Ordinary Time	Family Rosary Fall Break
November	06 13 20 27	RE & CLOW RE & CLOW RE & CLOW No RE or CLOW	32 nd Sunday Ordinary Time 33 rd Sunday Ordinary Time Solemnity of Christ the King 1 st Sunday Advent	Daylight Savings time ends Thanksgiving Break
December	04 11 18 25	RE & CLOW RE & CLOW RE & CLOW No RE or CLOW	2 nd Sunday Advent 3 rd Sunday Advent 4 th Sunday Advent Christmas/Nativity of the Lord	Reconciliation Grades 3-5 Reconciliation Grades 6 – 12 Christmas Break
January	01 08 15 22 29	No RE or CLOW RE & CLOW RE & CLOW RE & CLOW RE & CLOW	Solemnity of Mary Mother of God Epiphany 2 nd Sunday Ordinary Time 3 rd Sunday Ordinary Time 4 th Sunday Ordinary Time	New Year’s Break Parent Intro to Child Self-Safety Children’s Self-Safety Class
February	05 12 19 26	RE & CLOW RE & CLOW RE & CLOW RE & CLOW	5 th Sunday Ordinary Time 6 th Sunday Ordinary Time 7 th Sunday Ordinary Time 1 st Sunday of Lent	Family Stations of the Cross
March	04 11 18 25	RE & CLOW RE & CLOW No RE or CLOW No RE or CLOW	2 nd Sunday of Lent 3 rd Sunday of Lent 4 th Sunday of Lent 5 th Sunday of Lent	Reconciliation Grades 3-5 Reconciliation Grades 6 – 12 Spring Break Spring Break
April	01 08 15 22 29	RE & CLOW RE & CLOW RE & CLOW RE & CLOW RE & CLOW – Final Class	Palm Sunday Easter Sunday Octave of Easter/Divine Mercy 3 rd Sunday of Easter 4 th Sunday of Easter	
May	05 & 06 13	First Communion Masses Confirmation Mass	5 th Sunday of Easter 6 th Sunday of Easter	Sat-5pm, Sun-8 & 10:30am Sunday- 6:00 p.m.

Please keep calendar for your records