



**CHURCH OF SAINT MARY**  
**FIRST RECONCILIATION**  
**&**  
**FIRST EUCHARIST**  
**2011-12**

**REGISTRATION FORM & ACTIVITY SCHEDULE**  
**Registration Fee - \$10 per Child**  
**Forms Due by October 1**

Parent and child will participate in a process called *Growing Up Catholic* to prepare for the Sacraments of Reconciliation and Eucharist for the first time. In this process parents become the actual teacher of their child. Parent(s) and child will attend six learning sessions together for each Sacrament where the parent will coach their child through each lesson under the guidance of a facilitator. In addition to the *Growing Up Catholic* sessions, each child must attend religion classes, either in Catholic School or in the Sunday morning RE program.

General Requirements for Registration for the Sacramental Preparation Program:

1. Child must be a baptized Catholic.
2. Child and family must be attending Mass regularly.
3. Child should be at least 7 years old and in the 2<sup>nd</sup> grade, or older.
4. Child must have had at least one year of formal Religious Education before beginning sacramental preparation and be currently enrolled in a 2<sup>nd</sup> grade religion class, either in a Catholic School or in the parish religious education program.
5. Family must be registered at the Church or School of Saint Mary.

**A mandatory parent orientation meeting and registration for Sacramental Preparation will be held following each Mass on September 17 and 18 in Beckerle Hall. If child was not baptized at Saint Mary, include a copy of his/her Baptismal Certificate with Registration.**

Director of Faith Formation

Linda Schoonover  
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**FIRST RECONCILIATION & FIRST EUCHARIST • 2011 – 2012**

**Fee - \$10 per child. Medical release and medical record form must accompany registration.**

**PARENT INFORMATION**

Parent/Guardian \_\_\_\_\_  
(Last Name) (Father's Name) (Mother's Name)

Mother's Maiden Name \_\_\_\_\_

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

Primary E-Mail Address \_\_\_\_\_  
(Please print clearly)

Primary Phone Number ( ) \_\_\_\_\_  Cell  Home  Work

**CHILD INFORMATION**

Child's Full Name \_\_\_\_\_  
(Last) (First) (Middle)

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F School: \_\_\_\_\_ Grade \_\_\_\_\_

Child lives with:  Both Parents  Mother  Father Non-Custodial Parent \_\_\_\_\_  
(If applicable)

What formal Religious Education has child had in the past year?  Parish RE  Catholic School

**BAPTISMAL INFORMATION**

Child must have been baptized in the Catholic Church. A copy of the Baptismal record is required unless baptized at St. Mary.

Date of Baptism \_\_\_\_\_  
(Month) (Day) (Year)

Church of Baptism \_\_\_\_\_

Place of Baptism \_\_\_\_\_  
(City) (State) (Country)

**If child has not been baptized Catholic, please complete:**

Baptized?  Yes  No If yes, what denomination? \_\_\_\_\_

**OTHER INFORMATION**

Is your family registered at St. Mary?  Yes  No

First and second choice of *Growing Up Catholic* sessions? (Please mark 1 & 2 on blank line)

Reconciliation: \_\_\_\_\_ Track 1 \_\_\_\_\_ Track 2 \_\_\_\_\_ Track 3

Eucharist : \_\_\_\_\_ Track 1 \_\_\_\_\_ Track 2 \_\_\_\_\_ Track 3

**PLEASE COMPLETE MEDICAL RELEASE ON BACK**

OFFICE USE ONLY:  Paid \$ \_\_\_\_\_  Check # \_\_\_\_\_  Cash  Baptismal Cert \_\_\_\_\_  Prof of Faith/Date \_\_\_\_\_  
 Perm. Medical Record on File  Current Medical Release on File  Entered in Computer

First Reconciliation Date \_\_\_\_\_

First Eucharist 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, 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:** \_\_\_\_\_



## 2011- 2012 Reconciliation and Eucharist Preparation Program “Growing Up Catholic”

### Registration/Orientation/

### MANDATORY PARENT MEETING

September 17 & 18

Following all Masses

### First Reconciliation Preparation

	<b>Group 1_</b> <b><u>Sunday 9:15 a.m.</u></b>	<b>Group 2</b> <b><u>Sunday 11:45 a.m.</u></b>	<b>Group 3</b> <b><u>Wednesday 6:15 p.m.</u></b>
Session 1	October 9	October 9	October 12
Session 2	October 16	October 16	October 19
Session 3	October 30	October 30	November 2
Session 4	November 6	November 6	November 9
Session 5	November 13	November 13	November 16
Session 6	November 20	November 20	November 30

**First Reconciliation Retreat:      December 4      1:30 – 4:00 p.m.**

**First Reconciliation                      December 6      5:30 – 7:00 p.m.**

### First Eucharist Prep

	<b>Group 1_</b> <b><u>Sunday 9:15 a.m.</u></b>	<b>Group 2</b> <b><u>Sunday 11:45 a.m.</u></b>	<b>Group 3</b> <b><u>Wednesday 6:15 p.m.</u></b>
Session 1	February 19	February 19	February 15
Session 2	February 26	February 26	February 29
Session 3	March 4	March 4	March 7
Session 4	March 11	March 11	March 14
Session 5	April 1	April 1	April 11
Session 6	April 15	April 15	April 18

**First Communion Retreat:              April 22              1:30 – 4:00 p.m.**

**First Communion Rehearsals:      May 5              9:00 a.m., 10:00 a.m., or 11:00 a.m. (in 3 different groups)**

**First Communion Masses:              May 5 & 6              5:00 p.m., 8:00 a.m. & 10:30 a.m.**

Meeting Room: Beckerle Hall

**PLEASE KEEP CALENDAR FOR YOUR PERSONAL RECORDS**