



St. Mary Catholic Church

Rev. José Haro, Pastor
939 Charlotte Ave
Kalamazoo, MI 49048
(269) 342-0621

August 11, 2021

My Dear Families,

This letter is to St. Mary Parishioners who have children who are planning on receiving their **First Reconciliation and First Communion** or the **Sacrament of Confirmation** for this school year, 2021- 2022. Please read thoroughly as there is necessary information for you to know in order for them to prepare properly to receive the Sacraments.

This year I will be hosting monthly meetings for our young ones who are preparing for First Reconciliation/ First Communion and Confirmation. (First Communion meetings will be held separately from the Confirmation meetings). These Sacramental Prep meetings are **mandatory** and supplemental to other preparation being done at home.

If you are a home schooling family I appreciate beauty of Catholic home schooling. As your pastor, it is my responsibility to assure the education in the Catholic faith of each of my parishioners. I ask that you provide me with information regarding the homeschooling curriculum you will be using for sacramental prep.

If you are not homeschooling and you need help to prepare your child for one of these sacraments, you can contact the parish office and we can suggest a curriculum.

St. Mary Parish does not currently offer regular Religious Education classes. We are in the process of planning for our parish future, and will soon be hosting a survey for families asking whether formal Religious Education classes are wanted.

Please fill out and return the following documents to the office, as I will need this information regardless of whether your child/children is homeschooled or attends Catholic or Public school. Once we have your child's form, we will give you more information specific to the particular sacrament he or she is signed up for. Thank you for your time, and I am looking forward to this coming year of Sacramental Preparation.

Sincerely,

Rev. José Haro
Pastor, St. Mary Catholic Church

Please fill out and promptly return to St. Mary Parish Office

INFORMATION FORM 2021- 2022
Reconciliation/ First Communion or Confirmation
Sacramental Preparation

Household Last Name:

Adult 1 Full Name:

Adult 2 Full Name:

Please note which members are in need of First Reconciliation / First Holy Communion or Confirmation

Child's Full Name/Grade:

Child's Full Name/Grade:

Child's Full Name/Grade:

(if additional space is needed, please attach an extra page -- thank you!)

Address:

Phone: _____

E-Mail: _____

School Choice (please circle):

Catholic Day School

Public

Home School*

Other (specify)

*Religious Ed Curriculum if homeschooled:



BAPTISMAL DATA

A copy of your child's Baptismal Certificate must be attached
to this form unless your child was baptized here at St. Mary Parish.

First Communicants and Confirmandi are asked to complete the Baptismal Data below,
regardless of where you child was baptized.

Child's full baptismal name

Date of Birth

Date of Baptism

Parish of Baptism

Parish of Baptism Address (including city, state, and zip)

Father's name

Mother's (*maiden*) name

Your contact phone or email

MEDICAL AND GENERAL RELEASE AND TREATMENT AUTHORIZATION

In consideration of my being allowed to participate in Sacramental Prep at *St. Mary Parish*, Kalamazoo, I agree to release the Parish, the Diocese of Kalamazoo, and any and all affiliated organizations, their employees, agents, representatives and volunteers, including volunteer drivers, from any and all claims, including negligence, which may be asserted by me arising from or relating to my or my family members participation in this program. In the event this release is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless those noted above from any and all claims, including negligence, which may be asserted by me arising from or relating to my participation in this program. This release or indemnification does not apply to claims for intentional misconduct or gross negligence, nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim; but this release or indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

I authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. I understand that reasonable attempts will be made as soon as possible to contact one of my emergency contact persons at the phone numbers listed in connection with any accident or emergency medical care. I understand that I retain all responsibility for costs associated with medical care. This general and medical release applies to all my family members listed on the reverse side of this form.

List allergies, medication, contacts or other pertinent comments for each family member:

Name:

Name:

Name:

(if additional space is needed, please attach an extra page – thank you!)

Doctors' Information:

Family Physician: _____

Physician Phone: _____

Physician Address: _____

Emergency Contact Name and Phone:

Name: _____

Daytime Phone: _____

Evening Phone: _____

Cell Phone: _____

If the person listed above is unavailable, alternate emergency contact person and phone numbers:

Name: _____

Daytime Phone: _____

Evening Phone: _____

Cell Phone: _____

Health Insurance Date:

Company: _____

Policy #: _____

Group #: _____

Contact #: _____

PHOTO RELEASE

With my signature, I grant permission to *St. Mary Parish* to publish my child's name, photo or video image in connection with our bulletin, for news and editorial purposes in publications, electronic reproductions (parish website, social media) and/or parish brochures. I release the photographer, the journalist and the publications as well as *St. Mary Parish* from all claims and liability relating to these photographs. I have noted any restrictions below.

Photo Use Restrictions (if any):

Signature: _____

Date: _____