

Schedule an in-person meeting with Fr. Haro to discuss your home curriculum after completing and returning this registration form to the Parish Office by Thursday, July 31, 2025.

**ST. MARY CATHOLIC CHURCH, KALAMAZOO
AT-HOME SACRAMENTAL PREP
2025-2026 Registration Form**

Household Last Name:

Parent/Guardian Full Name:

Parent/Guardian Full Name:

Please note each child who will be receiving at-home sacramental preparation.

Child's Full Name/Age:

Child's Full Name/Age:

Child's Full Name/Age:

(If additional space is needed, please add to back of this page – thank you!)

Address: _____

Phone: _____

E-Mail: _____

School Currently Attending (please circle):

Catholic School

Public School

Home School

Other (specify)

Please specify below the private, parochial, or public school currently attended by your child(ren):

BAPTISMAL DATA

Please **complete one form per child** for First Holy Communion and/or Confirmation candidates, **only** if your child ***was not baptized*** at St. Mary Catholic Church in Kalamazoo.

- ☐ My child *was baptized* at St. Mary Catholic Church, Kalamazoo.
- ☐ My child *was not baptized* at St. Mary Catholic Church, Kalamazoo (see below).

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:

Parent Contact (*phone or email*):

**MEDICAL AND GENERAL RELEASE AND TREATMENT AUTHORIZATION
(Confirmation Candidates ONLY)**

In consideration of my being allowed to participate in the Confirmation Retreat at *St. Mary Catholic Church*, 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 family members or my 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!)

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: _____

Cell Phone: _____

Health Insurance Date:

Company: _____

Policy #: _____

Group #: _____

Contact #: _____

PHOTO RELEASE

(Confirmation and First Holy Communion Candidates ONLY)

With my signature, I grant permission to *St. Mary Catholic Church, Kalamazoo* 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 Catholic Church, Kalamazoo* from all claims and liability relating to these photographs. I have noted any restrictions below.

Photo Use Restrictions (if any):

Printed Name: _____

Signature: _____

Date: _____