

ST. MARY CATHOLIC PARISH

2018-2019 WHOLE FAMILY CATECHESIS (WFC) & SACRAMENTAL PREP

4001 Saint Mary's Drive
Anacortes, WA, 98221

Faith Formation Office: (360) 293-2101 x104
fform@stmaryanacortes.org

Family Information:

Family Name: _____ Primary Contact Parent: _____

Phone: (____) _____ Home Cell
Work Other Email: _____

Address: _____

Secondary Contact Parent: _____ Phone: (____) _____ Home Cell
Work Other

Email: _____

Address (if different): _____

Emergency Contact (other than parents): _____

Phone: (____) _____ Home Cell
Work Other Relationship: _____

Name	Grade	DOB	Program	Allergies/Health concerns
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		/ /		
		/ /		
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Available Programs:

Whole Family Catechesis (WFC): Fees TBA

First Reconciliation & First Communion: Preparation for reception of First Reconciliation and First Holy Communion. Usually during 2nd grade year, but also for kids as old as 5th grade who may not have received these sacraments. A copy of your child's baptismal certificate is required. \$60 fee (\$10 for textbook & \$50 to offset first communion reception)

Confirmation Preparation: The next celebration of Confirmation at St. Mary will be in the Spring of 2019. All youth who desire to complete their initiation into the Catholic Church, and who will be 16 or older at that time, are invited to begin a time of proximate formation for this sacrament. A part of this preparation will include assisting with R.E.- please see the Confirmation Prep sheet for more info. \$30 fee covers year one books only.

SCHOLARSHIPS ARE AVAILABLE FOR FAMILIES IN NEED!

OVER 

Liability Release

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant(s). I agree on behalf of myself, my child(ren) named herein, or our heirs, successors and assigns, to hold harmless and defend St. Mary Catholic Parish, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, volunteers, or representatives associated with St. Mary Catholic Parish, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the parish's religious education or sacramental preparation classes or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the organization, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, volunteers, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Parent's signature _____ Date _____

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Emergency Medical Permission:

I give permission for my child to receive necessary emergency medical treatment while attending Religious education or Sacramental Preparation, whether or not I or the emergency contacts listed above are able to be contacted.

Parent's signature _____ Date _____

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Picture Permission:

There may be an occasion where pictures are taken of the children, classes, and activities during the above listed activities. Possibly these photographs may be posted in the church facility, on the church website and social media, or in church publications. Please indicate your preference below by signing one of the statements:

I give permission to have pictures taken of my child(ren):

Parent's Signature: _____ Date: _____

-OR-

I do not wish to have my child(ren) photographed at any time

Parent's Signature: _____ Date: _____