

FAMILY CATECHESIS 2022-2023  
SACRED HEART \* OUR LADY OF MT. CARMEL

Dear Parents,

This year we will continue with our Family Catechesis program. Thank you for responding to our Family Catechesis survey last spring. Your input contributes to building a successful program. Together we will continue to strengthen the religious and spiritual lives of our families.

Our Family Catechesis program is designed to provide each family with tools and confidence to live their Baptismal promises. We will meet once a month as a family at Our Lady of Mt. Carmel beginning October 2 (see the calendar with the dates on the back of this letter). Supplemental materials will be provided to continue faith lessons at home each month. We've added family enrichment activities to our calendar this year, we hope you will join us.

This year we will have Potluck Lunches at our Family meetings beginning on December 4<sup>th</sup>. We are asking for help from our families with serving and cleaning-up. Please refer to the calendar for the date you are scheduled to help.

Registration Begins: **August 14, 2022**

Registration Forms are Due: **September 18, 2022**

- 1) Please return forms with payment by mail, place in Sunday collection, or drop off at our parish offices
- 2) Confirmation packets will be sent separately

Confirmation Grade 9 Begins: **September 25 – Students and Parents Must Attend**

- 1) 10:30 am at OLMC - Mass with Rite of Enrollment
- 2) 5:00 pm at Sacred Heart - Called to Serve for Students  
- Meeting for Parents

Family Catechesis K- 8<sup>th</sup> Begins: **October 2 – Students and Parents Must Attend**

- 1) 10:30am–11:30am - Mass
- 2) 11:30am–12pm - Light Lunch Provided
- 3) 12pm - 1:30pm – Students with Teacher  
– Adults with Fr. Tom

Sacramental preparation students (Grades 2, 7 and 8) will meet one additional Sunday after 10:30am Mass at Our Lady of Mt. Carmel starting **October 16** from 11:30am-1:00pm. Please see the calendar for dates.

**\*\*IMPORTANT\*\* Sign up for Remind NOW for important announcements**

- 1) K - 6<sup>th</sup> grades - send text to 81010 text this message @3dga8c
- 2) 7<sup>th</sup> & 8<sup>th</sup> grades - send text to 81010 text this message @olmcshyj

If you have any questions about the program, please contact Brenda at 810-384-1338 x41.

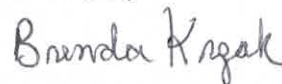
We thank you for your help as we partner together to develop strong families of faith and love for Jesus!

God Bless,



Fr. Thomas Kuehnemund  
Pastor

Yours in Faith,



Brenda Krzak  
Director of Religious Education

2022-2023

**Family Catechesis Registration**  
**Our Lady of Mt. Carmel, Emmett**  
**Sacred Heart, Yale**

Date Received by Office

Family Last Name

**PARENT INFORMATION**

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Marital status: M / D / RM / S / W Primary Phone: ( ) \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ Secondary Phone:( ) \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Parish: \_\_\_\_\_ Were you enrolled in last year's program ? Yes No  
 If no, what religious education program were you enrolled in: \_\_\_\_\_

**STUDENT INFORMATION**

CHILD'S NAME M / F BIRTH DATE

SCHOOL GRADE IN FALL

SPECIAL MEDICAL OR LEARNING NEEDS:  
\_\_\_\_\_  
\_\_\_\_\_

**CHECK ALL SACRAMENTS RECEIVED**

Baptism  Eucharist  Reconciliation  Confirmation

CHILD'S NAME M / F BIRTH DATE

SCHOOL GRADE IN FALL

SPECIAL MEDICAL OR LEARNING NEEDS:  
\_\_\_\_\_  
\_\_\_\_\_

**CHECK ALL SACRAMENTS RECEIVED**

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**EMERGENCY MEDICAL RELEASE**

I authorize emergency care for my child(ren) if necessary while they are present at Sacred Heart/Our Lady of Mt. Carmel Faith Formation program and assume responsibility for payment if such is incurred. This authorization is given if I or the emergency contact cannot be reached.

Emergency Contact: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT INFORMATION (USE ADDITIONAL SHEET IF NECESSARY)**

CHILD'S NAME                      M / F                      BIRTH DATE

**Please enclose a copy of your child's Baptism record**

SCHOOL    GRADE IN FALL

SPECIAL MEDICAL OR LEARNING NEEDS:

**CHECK ALL SACRAMENTS RECEIVED**

Baptism     Eucharist     Reconciliation     Confirmation

**STUDENT INFORMATION (USE ADDITIONAL SHEET IF NECESSARY)**

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<b>Family Tuition:</b>	In-Cluster Registered families	<b>\$100</b>	
	Non-Registered families	<b>\$200</b>	\$ _____
<b>Supply Fee: (grades K,1,3,4,5,6)</b>	<b>\$25 per child</b>		\$ _____
(books and any/all instructional materials)			
<b>Sacramental Supply Fees—REPLACES SUPPLY FEE in Sacramental Years:</b>			
<b>(Grade 2)First Reconciliation and First Eucharist : \$40 per child</b>			\$ _____
(includes instructional materials, the retreat in addition to other supplies)			
<b>(Grades 7,8) Confirmation Prep: \$40 per child</b>			\$ _____
(includes some group events in addition to other supplies and instructional materials)			
<b>TOTAL DUE:</b>			\$ _____

Please help us to serve you better by checking all that apply to your family at this time.

- Our Family :**     is able to pay this amount in full at this time  
 can afford to pay more than this amount to help fund scholarships  
 can afford to pay this amount in payments by April 1, 2023  
 cannot afford to pay this amount and seek assistance of a scholarship

**MEDIA CONSENT**

Our Lady of Mt. Carmel, Emmett \* Sacred Heart, Yale \* St. John, Allenton Family Catechesis Programs engage in correspondence and publicity with families, parishioners and other members of the community regarding our program. Parents are given the option of authorizing the use of their children's photos for those purposes, if they so desire. Please complete the information below.

I give permission for my child(ren) \_\_\_\_\_ to be photographed or videotaped for educational and community relations not-for-profit use such as newsletter articles, parish bulletin, community newspaper articles, app, website, etc.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

TOTAL DUE: \$ \_\_\_\_\_ AMT. PAID: \$ \_\_\_\_\_ PAYMENTS: \_\_\_\_\_ SCHOLARSHIP \_\_\_\_\_