ST. MARY CATHOLIC CHURCH
OFFICE OF RELIGIOUS FORMATION

Dear St. Mary Family, July 15, 2026

It's time to register your children for the 2026-2027 Religious Formation year!

Our goal at St. Mary is to help you and your family grow in your relationship with God. Because we encounter Jesus in the Sacraments, your child's religious and sacramental formation is our top priority. Our home-based program called "*Family Formation*" has proven successful in helping families grow in their faith and as a community.

The *Family Formation* model helps parents to see themselves as the primary teachers of the faith in their homes. With the feedback from our parents, we are confident that the program we are offering is providing a strong foundation for our families. Many have shared they feel more connected, not only to Christ, but also to our Catholic community. The program is set up to help your children understand how the Gospel relates to their own lives and to help them encounter Jesus today and always.

The first through sixth levels of *Family Formation* require a mandatory once-a-month on-site attendance session for parents and children. At these monthly sessions, children gather in the school with their catechist by level, while parents remain in the Fellowship Center to engage in an adult presentation. The monthly sessions also provide parents with the upcoming weekly lessons, guidance on how to implement those lessons, and an opportunity for discussion and questions about our faith.

The remaining weekly lessons for each month will be completed at home and are submitted every week. This program's unique format is creative and provides simple concepts to make learning fun. Each lesson is written at an age-appropriate level, including an adult-level instruction guide. Parents do not have to be experts in the Faith, just willing to devote about an hour a week to quality family time sharing the Faith. You can see an overview of the program at https://www.familyformation.net.

For families with children in 7th and 8th grade, information about your program will be provided in the near future. To quote St. John Paul II: "*The family, like the Church, ought to be a place where the Gospel is transmitted and from which the Gospel radiates… the future of evangelization depends in great part on the Church of the home.*"

Attached to this email, you will find your registration forms. These forms can also be found on the St. Mary website: https://www.stmaryroyaloak.com/formation. Please fill in the paperwork and email your forms directly to jackerman@st-mary.org, or mail them to the parish office by **August 20, 2025**. Please pay your registration via ParishSoft Giving at https://forms.ministryforms.net/embed.aspx?formId=c2bdd517-0a6f-4be6-be30-23025dd875b6. Your payment should reflect the full amount due **$125 per family,** by **October 30, 2026** (unless arrangements are made with the Religious Formation Office).

St. Mary requires that all families enrolled in our Religious Formation program be registered parishioners within the Archdiocese of Detroit. Please submit all completed forms (registration, media, medical). If you are a new family to St. Mary this year, or your child is receiving a Sacrament, please provide a copy of your child's Baptismal Certificate to the Religious Formation Office at jackerman@st-mary.org at the time of registration. Once all forms are received, your child will be placed in a classroom. By signing these forms, you are acknowledging that the information you have provided is complete and correct. Contact our office for further information. Please know that no child will be denied Religious Formation due to financial circumstances.

We look forward to working alongside you in the **2026/27** school year by providing a quality program here at St. Mary. May we continue to grow in our relationship with Christ and each other. Thank you so much for your support and prayers for our parish and children. You are in our prayers! May God bless you always.

God Bless,

Donna Trudell,
Coordinator Religious Formation-1st-6th/1st Reconciliation/1st Eucharist

Jeanne Ackerman,
Religious Formation Administrative Assistant

For Office use only
Date Received: _____ Paid: _____

2026/27 St. Mary Religious Formation Registration Form

Family Name: _____ Preferred Phone #: _____

Email: _____

Address: _____

City, State, Zip: _____

Are you registered at St. Mary? _____ Env/Parish ID # _____ If not at St. Mary, what parish _____

St. Mary requires all families enrolled in our Religious Formation program be registered parishioners within the Archdiocese of Detroit

Parent/Guardian Information

Father (First/Last): _____ Religion: _____

Father Contact Phone #: _____

Mother (First/Last): _____ Religion: _____

Mother Contact Phone #: _____ Maiden Name: _____

Emergency Contact

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone #: _____

Non-Custodial Parent Mailing Information

Name: _____ Phone #: _____

Address: _____

Email: _____ Relationship: _____

- ☐ 2 Parents at home
- ☐ Parents divorced or separated
- ☐ Sole custody (check one) _____ Mom _____ Dad
- ☐ Parent Deceased (check one) _____Mom _____Dad
- ☐ Child(ren) with an adult other than a parent Relationship: _____
- ☐ Step-parent(s) _____ Religion: _____

St. Mary Religious Formation Materials Fee: $125 per family

Payment is due in full by **October 31, 2026**. It is preferred that you pay online via ParishSoft Giving.
forms.ministryforms.net/embed.aspx?formId=c2bdd517-0a6f-4be6-be30-23025dd875b6

If you are unable to pay online, please call the Religious Formation Office at 248-547-1810 to make other arrangements. We request that you make payment in full, either online or by check. **NO CASH payments**

Family Name: _____

Child Information

Child Name (Include last name if different)	Sex (M/F)	Date of Birth	Grade In School	School	Formation Level

Sacrament Information

Child Name (Include last name if different)	Baptism Date	Church of Baptism	Roman Rite (Y/N)	Reconciliation (Y/N)	1st Eucharist Date	Confirmation Date

Baptismal Certificate Requirement: For all new children enrolling in the program who were not baptized at St. Mary, a copy of the child's baptismal certificate must be submitted at registration. The certificate must have been issued within the last six months and bear the official church seal.

If not baptized in the Roman Rite of the Catholic Church, please indicate the Rite with explanation: _____

_____

If you are new to St. Mary Religious Formation, where did your children attend Religious Formation last year? _____

Special needs/Comments (medical, allergies, learning, etc.)

_____

_____

_____

_____

By signing this form, you are acknowledging that the information you have provided is complete and correct.

I have read and understand the information provided

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____

Please submit this form to the Religious Formation Office at jackerman@st-mary.org by **September 1, 2026**

For questions about Religious Formation, contact Donna Trudell (Levels 1–6, Mon–Wed) at 248-547-1810 ext. 207 or dtrudell@st-mary.org.

Media Consent Form

(Due at Registration)

St. Mary Religious Formation Program engages in various correspondence and publicity with families, parishioners, and other members of the community regarding various aspects of this program. Parents are given the option of authorizing the use of their children's photos with or without names for those purposes, if they so desire.

Let us know your preference by completing the information below and return it to the St. Mary Religious Formation Office.

St. Mary Parish, Royal Oak

Student's Name	Grade	Date of Birth

Parents may cancel this authorization at any time by providing written notice to St. Mary Parish at ***St. Mary Religious Formation Office, 730 South Lafayette, Royal Oak, Mi 48067***

STEP 1: Video/Photography Utilization

I give permission for my child to be photographed or videotaped for educational and Community relations not-for-profit use, such as newsletter articles, St. Mary parish bulletin, community newspaper articles, website, social media, etc.
(Check one) _____ YES _____ NO

Parent/Guardian Signature

Signature: _____ Date: _____

Printed Name: _____

STEP 2: Publication of Child's Name

In addition, I give permission for my child's name to accompany my child's photograph or video for community relations, public relations, and promotional purposes.
(Check one) _____ YES _____ NO

Parent/Guardian Signature

Signature: _____ Date: _____

Printed Name: _____

MEDICAL TREATMENT RELEASE FORM

(Due at Registration)

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician for any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____Relationship to you: _____

Reason for which the release is intended: _____

Address of Minor: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments: _____

Health Insurance Data: _____

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____ Signed: _____

RELEASE FOR DISPENSING OF MEDICATION

(Due at Registration)

We, the undersigned parent and/or guardian of:

_____ _____ Born: _____
(Student's Name) *(Grade/Room #)* *MM//DD/YY*

do hereby sign and execute this release on behalf of us and on behalf of our minor son/daughter/ward.

NAME OF MEDICATION:_____

DOSE: _____

TIME TO BE GIVEN: _____

DURATION: _____

ATTACH DOCTOR'S NOTE REGARDING EMERGENCY PLAN AND ADMINISTRATION OF MEDICATION

[☐] Check here, if this release is for a metered dose asthma inhaler, insulin pump or epinephrine autoinjector, which the student will possess and use at his/her own discretion in school or at school activities. The physician and parents/guardian signature below apply to the inhaler, insulin pump or epinephrine auto-injector possession and use by students as permitted in Public Act 10 — Revised School Code.

_____ _____ _____
(Doctor's Signature) *(Please Print Name)* *(Date)*

_____
(Phone Number)

We hereby waive any liability whatever to the school or the Archdiocese of Detroit or any of its personnel, that might occur as the result of giving said medication in the indicated dosage at the time requested to our minor son/daughter/ward.

PARENT/GUARDIAN Signature: _____

Print Name: _____

Date: _____

EXITING FORM

Family Name: _____ Date: _____

Child/ren's Names: _____

- We have moved to _____
- Our child is attending another program at _____ because

  _____
- We did not feel the program met our needs last year because _____

  _____ -

  _____
- My child is now attending Catholic School at _____
- Other _____

If you have any questions or concerns, please don't hesitate to call us at **248.547.1810 ext. 207.** Thank you for your assistance and cooperation in this matter.

Send your Registration or Exit Form to:

St. Mary Religious Formation Office
Ms. Jeanne Ackerman, Administrative Assistant
jackerman@st-mary.org
730 S. Lafayette
Royal Oak, MI 48067