

# 2016-2017 Our Lady of Lourdes Church Faith Formation Registration

<b>For Office use Only:</b>			
Paid: Y	N	Check	Cash
Date Paid: _____	Amount Paid: _____		
Check #: _____	Family Discount: Y	N	

\*Please fill out a separate form for EACH CHILD participating in the Faith Formation Program\*

Registration Fee: \$25 (Grades Pre-K/K, 1, 3-9)  
\$40 (Grades 2 & 10-Sacramental Prep Years)  
\$100 Maximum Registration Fee per Family

Checks can be made payable to:  
Our Lady of Lourdes Church

Student Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_  
(Street, City, State, and Zip Code)

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Home Parish: \_\_\_\_\_

Father's Name: \_\_\_\_\_ (First and Last) Mother's Name: \_\_\_\_\_ (First and Last)

Parent Home/ Cell Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_ (Please provide updated email as we send out class reminders!)

In order to best meet the needs of your child, please list any physical disabilities, learning disabilities, allergies, medications, etc.

Child was baptized at Our Lady of Lourdes: YES (Month: \_\_\_\_\_ Year: \_\_\_\_\_)  
NO (1<sup>st</sup> Communion students please provide a copy of Baptismal Cert.)

Child received 1<sup>st</sup> Reconciliation/1<sup>st</sup> Holy Communion Yes (Month: \_\_\_\_\_ Year: \_\_\_\_\_)  
at Our Lady of Lourdes: NO (Parish: \_\_\_\_\_)

(Please check box if applicable)-My child is in Grades 3-10 and has NOT received the Sacraments of 1<sup>st</sup> Reconciliation and/or 1<sup>st</sup> Holy Communion

I give permission for my child's photo to be taken/used for the parish bulletin, faith formation/parish website. Yes \_\_\_\_\_ No \_\_\_\_\_

I am interested in volunteering as a PreK-8 Substitute Faith Formation Teacher Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (First and Last) Phone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

For Grades K-5, please list any others, besides yourself, who ARE ALLOWED to pick up your child:

\_\_\_\_\_  
(These people may be asked to show ID prior to the release of students)

Please list any siblings participating in our program:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_