

Our Lady of Lourdes Church

Faith Formation Registration

2017-2018

For Office Use Only			
Paid: Y	N	Check	Cash
Date Paid:	_____	Amount:	_____
Check#:	_____	Family Discount:	Y N

*Please complete a separate form for EACH CHILD participating in the Faith Formation Program

Registration Fee: \$25 (Grades 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: _____ Mother's Name: _____
Maiden Name: _____

Parent Home# _____ Parent Cell# _____

Parent Email: _____

Please list any special conditions or needs your child has in a learning environment. Modifications will be determined on an individual basis.

Baptism:
Date _____ Parish _____
City _____ State _____ Zip _____

First Eucharist/Holy Communion:
Date _____ Parish _____
City _____ State _____ Zip _____

1st Communion Students Please provide a copy of Baptismal Certificate if not baptized at Our Lady of Lourdes

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

Emergency Contact: _____ Phone# _____
(First and Last Name)

Relationship to Student: _____ Cell# _____

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)

Photo Authorization:

Photographs and/or videos of minors are taken periodically for use in parish publications and to celebrate your child's participation and accomplishments. By signing this registration, you are granting permission to Our Lady of Lourdes to use photos and videos of your child. If names are used, only your child's first name will be published. (Last names will not be used without contacting you and obtaining your permission) You may limit or disallow this by contacting the parish office and providing us with a written notice of what limitations you would prefer.

Please note that the diocese, its parishes, schools, and ministries have limited control of the use of photography or film taken by private individuals or the media that may be covering the event in which your child(ren) participate(s).

Please initial here: _____

I confirm that all information provided is correct and I give photo permission as described in the Registration Form.

Parent/Guardian Signature _____ **Date** _____

Your Child is Encouraged to Assist at Mass

I would like more information about how my child can become:

Altar Server Lector Ministry of Hospitality (Greeter)

Join Our Faith Formation Team

I would like to volunteer to help the Faith Formation team:

Teacher Substitute Classroom Assistant Other

Please list any siblings participating in our program:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____