

**Office use only**  
**GRADE:** \_\_\_\_\_  
**Parish ID #:** \_\_\_\_\_

## Our Lady of Lourdes

2008-2009 Children's Faith Formation Registration

**One form for each child in the family**

Registration must be completed and returned before your child may attend class.

**Registered at OLL:**

\$45.00 per child

\$100.00 per family max.

**Non-registered families:**

\$75.00 per child

### PLEASE PRINT AND FILL IN ALL AREAS

**Name of Student:**

First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth date: \_\_\_\_\_ (mm/day/yr)

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student resides with:

Mother                       Father                       Both                       Guardian

**Please provide all of the following information for each parent/guardian. If same, mark SAA.**

**Mothers Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Religion: \_\_\_\_\_ Religion: \_\_\_\_\_

*We are asking that each family gift to the Children’s Faith Formation program and or Parish Event’s at least 8-10 hours in volunteer time per year. In order to provide a quality program with a minimum of paid staff, we must have parent and parishioner support to ensure we are passing on our faith, to the future of our. Please note any of the following areas that you would be interested in helping with. Place a (?) if you are not sure what a certain volunteer area would include but would like more information, please make note if there are other ways you can be of help.*

- |  |   |  |                                      |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> CATECHIST           | <input type="checkbox"/> SAC. PREP HELP     | <input type="checkbox"/> CLOW LEAD             | <input type="checkbox"/> CLOW HELP   |
| <input type="checkbox"/> CATECHIST HELPER    | <input type="checkbox"/> PHONE CALLING      | <input type="checkbox"/> OFFICE HELP           | <input type="checkbox"/> VBS         |
| <input type="checkbox"/> PRAYER TABLE SYMBOL | <input type="checkbox"/> OUTREACH PROJECTS  | <input type="checkbox"/> PLAY GUITAR           | <input type="checkbox"/> PLAY GUITAR |
| <input type="checkbox"/> SAINT OF THE MONTH  | <input type="checkbox"/> ADVENT CELEBRATION | <input type="checkbox"/> LENT CELEBRATION      |                                      |
| <input type="checkbox"/> THANK YOU'S         | <input type="checkbox"/> BULLETIN BOARD     | <input type="checkbox"/> <b>HELP AS NEEDED</b> |                                      |

IDEAS YOU MAY HAVE: \_\_\_\_\_

**SACRAMENTS CHILD HAS RECEIVED IN THE CATHOLIC CHURCH**

Baptism:	Reconciliation:	Communion:
Date: _____	Date: _____	Date: _____
Church: _____	Church: _____	Church: _____
City: _____	City: _____	City: _____
State: _____	State: _____	State: _____

If your child was baptized in another faith tradition, what tradition was it? \_\_\_\_\_

**PRIOR RELIGIOUS EDUCATION**

Parish School/s attended: \_\_\_\_\_ Grades completed: \_\_\_\_\_

Parish Religious Education: \_\_\_\_\_ Grades completed: \_\_\_\_\_

Home Catechesis (please list program used) \_\_\_\_\_

**THE NORM IN OUR PARISH IS:**

ALL STUDENTS WHO REGISTER FOR SACRAMENTAL PREPARATION MUST HAVE COMPLETED AT LEAST 2 YEARS OF PARISH RELIGIOUS EDUCATION PRIOR TO ATTENDING SACRAMENTAL PREPARATION CLASSES. THIS INCLUDES, BUT IS NOT LIMITED TO, FORMATION IN OUR PARISH SCHOOL KINDERGARTEN PROGRAM.

## MEDICAL / DEVELOPMENTAL INFORMATION

### ALLERGIES

Food: \_\_\_\_\_

Medication: \_\_\_\_\_

Environmental: \_\_\_\_\_

**Other Medical Needs: (ADD/ADHD, seizures, etc.)**

\_\_\_\_\_  
\_\_\_\_\_

PLEASE DESCRIBE ANY OTHER SENSITIVITIES OR SPECIAL NEEDS THAT WE SHOULD BE AWARE OF SO THAT WE MAY BEST SERVE YOUR CHILD (extreme shyness, reading difficulties, etc.).

\_\_\_\_\_  
\_\_\_\_\_

## Emergency Treatment Release Form 2008-2009

If I, the parent/guardian, cannot be reached, I request that Anne Thomas, Director of Parish Life and Outreach, act in the best medical interest of my child. In the event of an emergency that requires 911 to be contacted, I agree to assume all financial responsibility for the transportation of, as well as any, and all medical treatment deemed necessary by the attending physician. I understand that all efforts will be made to contact the parent/guardian before transportation occurs. I also understand that the number one goal of the Director of Parish Life is to seek any and all needed help immediately.

**Signature of Parent or Guardian:** \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance ID #: \_\_\_\_\_ Group: \_\_\_\_\_

**If parent or guardian cannot be reached, please notify the following:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_