

# RELIGIOUS FORMATION REGISTRATION FORM 2019-2020 – *NEW Families*

## OUR LADY OF THE LAKE CATHOLIC COMMUNITY

FAMILY LAST NAME \_\_\_\_\_ PRIMARY PHONE \_\_\_\_\_

EMAIL(s) (Main Method of Communication) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

MOTHER'S FULL NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

Parent Sacrament Info (If Rec'd enter "X")			
Baptism	Reconciliation	Communion	Confirmation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOTHER'S CELL \_\_\_\_\_ HOME \_\_\_\_\_ WORK \_\_\_\_\_

FATHER'S CELL \_\_\_\_\_ HOME \_\_\_\_\_ WORK \_\_\_\_\_

Please circle which methods of contact we should use (circle all that apply): PHONE CALL TEXT MESSAGE EMAIL

**PARENTS ARE:** Married Divorced Separated Other

Are there any custodial issues our office should be aware of?

CHILD(REN) RESIDE WITH: Both Parents Mother: 100% 50% Father: 100% 50%

If parents have separate addresses, should the other parent receive Religious Education mailings also? YES NO

If yes provide address:

**EMERGENCY CONTACT** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

(Other than parent.) Phone: \_\_\_\_\_ or \_\_\_\_\_

**PLEASE CONSIDER VOLUNTEERING TO GET INVOLVED WITH YOUR CHILD'S FAITH (check areas of interest):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> HELP WITH SPECIAL EVENTS    | <input type="checkbox"/> FOOD LINE / POURING DRINKS    | <input type="checkbox"/> CLASSROOM AIDE |
| <input type="checkbox"/> HOSPITALITY / SIGN-IN TABLE | <input type="checkbox"/> ADULT FORMATION               | <input type="checkbox"/> CATECHIST SUB  |
| <input type="checkbox"/> CHRISTMAS PAGEANT           | <input type="checkbox"/> CHILDREN'S LITURGY (Sun 10am) | <input type="checkbox"/> CATECHIST      |

**FAITH FORMATION COVENANT**

As a parent/guardian, I realize the Church teaches that the parents are the primary educators of the faith. I am committed to taking my child(ren) to Mass every Sunday and Holy Day of Obligation, unless a grave reason prohibits us. I recognize that this is an essential part of living faith together as a family. We will also reinforce Catholic values at home and pray with our children. I commit to making sure that my child(ren) attend class regularly and will participate in the activities and events scheduled. When absent, we will make up lessons at home.

Parent/Guardian Signature(s): \_\_\_\_\_

NUMBER OF PEOPLE in your family that will normally be at the free family meal (5-5:45pm on class nights):

**REGISTRATION FEE: (Checks made payable to OLL.)**

Registration Fee: \_\_\_\_\_

**PRESCHOOL:** \$25/student (\$50 max for 2 kids or more)

Sacrament Fee: \_\_\_\_\_

**GRADES K-12:** \$60/student

Donation to Scholarship Fund: \_\_\_\_\_

**SACRAMENT FEE:** \$30/student (First Communion/Reconciliation/Confirmation)

**TOTAL:** \_\_\_\_\_

**\$150 FAMILY MAX** (if your total is more, only pay \$150)

**FREE for families of volunteers. We do not turn anyone away... To request a SCHOLARSHIP simply write "S" on the Total line.**

**OFFICE USE ONLY:**

Received By \_\_\_\_\_ AMOUNT DUE \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ Check # \_\_\_\_\_

**TWO SIDED FORM: Please complete both sides.**

In the space for notes below please detail any special information that we should be aware of for each child. This would include physical needs, learning needs, reading or writing difficulties, allergies (drugs, food, environment, etc.), health problems or anything else you'd like us to know about your child. This information is kept strictly confidential.

<b>CHILD'S FULL NAME</b>			<b>CHILD'S CELL PHONE</b>		
FATHER'S NAME			MOTHER'S NAME		
AGE	GRADE	DOB (MM/DD/YYYY)	GENDER: M F		
Circle any sacraments already received: BAPTISM 1 <sup>ST</sup> RECONCILIATION 1 <sup>ST</sup> EUCHARIST CONFIRMATION					
NOTES (Special needs, medications, allergies, etc.)					

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NOTES (Special needs, medications, allergies, etc.)					

<b>LIST OTHER SIBLINGS NOT REGISTERING:</b>		
NAME	GRADE	AGE
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- Check here if you **DO NOT** give permission for the use of your child(ren)'s image and likeness associated with Our Lady of the Lake Catholic Community events (including but not limited to bulletin pictures/ bulletin boards, newspaper, etc.).