

# RELIGIOUS EDUCATION REGISTRATION FORM

## 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 \_\_\_\_\_

**WRITE CHILD(ren)'S NAMES BY MINISTRIES YOU'RE SIGNING UP FOR** (Note- some may be in multiple categories)

- CGS-Catechesis of the Good Shepherd – Ages 3-1<sup>st</sup> Grade \_\_\_\_\_
- Family of Faith – Families with Kids Grades K-5 (& any siblings) \_\_\_\_\_
- Youth Ministry (Wed Nights) – Grades 6-12 \_\_\_\_\_
- Sacrament Prep – 1<sup>st</sup> Communion – 2<sup>nd</sup> Grade & above \_\_\_\_\_
- Sacrament Prep – Confirmation – 10<sup>th</sup> Grade & above \_\_\_\_\_

**PLEASE CONSIDER VOLUNTEERING** (check areas of interest – you'll get more info before committing)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> HOSPITALITY/WELCOMING/FOOD | <input type="checkbox"/> FAMILY ADVENTURE PLANNER | <input type="checkbox"/> STUDENT MASS ASSISTANT    |
| <input type="checkbox"/> CHILDREN'S ACTIVITY AIDES  | <input type="checkbox"/> PRESENTER/CATECHIST      | <input type="checkbox"/> TEEN MENTOR/SMALL GROUPS  |
| <input type="checkbox"/> ENVIRONMENT/ROOM DECOR     | <input type="checkbox"/> TABLE/SMALL GROUP LEADER | <input type="checkbox"/> SACRAMENT CHILDRENS' AIDE |

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

**FEE PER CHILD:** \$40/student  
**SACRAMENT FEE - 1<sup>st</sup> Communion:** \$30/student

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

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

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

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

**\$120 FAMILY MAX** (if your total is more, only pay \$120)

**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 confidential.

<b>CHILD'S FULL NAME</b>			<b>CHILD'S CELL PHONE</b>		
FATHER'S NAME (If different from front)			MOTHER'S NAME (If different from front)		
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>ANY 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 associate with Our Lady of the Lake Catholic Community events (including but not limited to bulletin pictures/ bulletin boards, newspaper, etc.).