## **OUR LADY OF LOURDES CATHOLIC CHURCH**

## **Registration for Faith Formation**

Classes begin on Sunday, \_\_\_\_\_ from 9:00 a.m. -10:15 a.m. (Fill in blanks)

Student Name:	Age: Age:		
Grade in school:			
Family registered in OLOL Parish? Yes No	Previous Religious Edu	ucation? Yes	No
If yes, when/where?			
Sacraments Received List OLOL if all received	d in this parish		
Baptism Reconciliation	First Eucharist	Confirmation	
Place and date of sacrament(s) received			
PLEASE NOTE: If Sacraments have been received at start of classes. If you do not have these documents they will mail or email the documents to you. They of the sacraments have been received, noting the date if you are not able to do so, but it is preferred that y	please call the parish in whan also send a verification I , location and presider. The ou make the initial attempt	d copies of the cert nich the sacrament etter to OLOL parisl office staff can hel to locate these doc	ificates before the was received and noffice stating that by you get these files tuments.
Are you seeking Sacramental Preparation this year?	Yes No If	yes – which Sacram	ent?
Reconciliation/First Eucharist Confirm	nation		
Parent/Guardian contact information (we do text v	hen able to be least obtru	sive)	
Primary Contact name(s):			
Cell phone(s):	Other phone:		
Home Address:			
Preferred Email Address:			
Secondary contact name/relationship:			
Cell phone(s):	Other phone:		
Allergies: yes no If yes, can student manage the	e allergies independently?	Yes No	
Will these allergies impact the student at their class	stime? Yes No		
Is there anything else that we should know about yo	ur child to help them have	a great year in religi	ous education?
Please note: signing your child up for faith formation involves a prescribed number of classes that must be commitment. Absences happen, we know. Please coabsence occurs. The teachers are all very consciention do not show up for class.	e completed. Please help yo ntact your student's teache	our student underster as soon as possib	and this le if an unplanned
Student Signature:	Date:		
Parent Signature:			