

OLA Faith Formation Returning Family Registration Form for 2017-2018

Parent Mailing Name: _____

Mailing Address: _____

Home Phone: () _____

Mom Cell Phone: () _____

Dad Cell Phone: () _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Children's Names: _____ Grade _____

_____ Grade _____

_____ Grade _____

_____ Grade _____

Parent Email: _____

Current information regarding allergies, health needs, or learning needs: *(Be sure to note which child's record you are updating.)*

If you have a child who will be new in September, please fill out the back of this page.

Grades	Day	Time
Elementary 1-5	Sunday	9-10:15am
Mid Level Grades 6-8	Tuesday	7- 8pm
High School Grades 9-10	Monday	7:00 - 8:30 PM

The Registration fee is \$50.00 for the first child, \$25 for the second child. \$75 cap per family.

After August 1, there is an additional late fee of \$10 per child.

The Registration Fee is waived for catechists and assistants.

If you are interested in becoming a catechist or assistant, please call our office at 785-1605.

Please make your check payable to *Our Lady of the Assumption Church*.

Sign both places and return this form as soon as possible, even if you need to delay your payment.

If you have any questions or concerns, please call our office at 785-1605.

I have completed this registration. If I have a new student, I have completed the back side of this registration.

✗ Signed, _____ Date _____

I authorize and give consent for the taking of pictures (moving or still) of the children in this family, and further give permission for the reproduction of pictures for use in media, including but not limited to newspapers, magazine, radio and television. Photos may also be used in the church bulletin, on the church website, in brochures, mailings, and other printed materials.

✗ Signed, _____ Date _____

No signature here denotes that you do not give permission for use of photo materials.

Faith Formation Returning Registered Family - Additional Student (2017-2018)

Parent Information

Father's Name (First and Last)					
Religion					
Father's Occupation					
Marital Status	Single	Married	Separated	Divorced	Remarried
Mother's Name (First and Last)					
Maiden Name					
Mother's Occupation					
Religion					
Marital Status	Single	Married	Separated	Divorced	Remarried

New Student Information

First, complete Middle name, Last	
Gender	Male Female
Date of Birth <i>(Month/Day/Year)</i>	/ /
Place of Birth (City, State)	
Grade in September 2017	
School in September 2017	
Allergies	
Learning Needs	

Sacramental Information

****If your child was not baptized here at OLA, you must provide a copy of the Baptismal Certificate.**

Baptism Certificate Verified by _____	Date	/ /
	Church (complete mailing address)	
	City, State	