**2023-2024 FAITH FORMATION REGISTRATION FORM**

**THE TRI-PARISH COMMUNITY OF**

**Sacred Heart Church**, 56 Sacred Heart Drive, Groton **Our Lady of Lourdes**, 1650 Route 12, Gales Ferry

**St. Mary, Mother of the Redeemer**, 69 Groton Long Point Road, Groton

We are registered at: [ ]  Sacred Heart [ ]  Our Lady of Lourdes [ ]  St. Mary, Mother of the Redeemer

My child is attending Faith Formation with: [ ]  Our Lady of Lourdes [ ] Sacred Heart/St. Mary, Mother of the Redeemer

***Please Print***

**STUDENT’S FULL NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: [ ]  Male [ ]  Female Returning Student: [ ]  Yes [ ]  No Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in Fall Public School \_\_\_\_\_\_\_\_

Grade in Faith Formation: \_\_\_\_\_\_\_ Sacramental Year: [ ]  1st [ ]  2nd [ ]  Communion [ ]  Confirmation

**Have you Liked us on Facebook?** [ ]  Yes [ ]  No **Active Military?** [ ]  Yes [ ]  No

**Father’s Name (First)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Middle) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact #: Primary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Available for text messaging [ ]  Yes [ ]  No

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s Name (First/Middle)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Maiden) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact #: Primary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Available for text messaging [ ]  Yes [ ]  No

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Siblings Names & Ages:** 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student reside with both parents? [ ]  Yes [ ]  No If no, name of custodial parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Persons Permitted to Pick Up Child from Class in Addition to Parents:**

Name 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary # \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sacraments Received: *List Name & Location of Church* Date: Month Day Year**

Baptism: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Reconciliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Eucharist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

**Do you use offertory envelopes?** [ ]  Yes [ ]  No **Would you like to receive envelopes?** [ ]  Yes [ ]  No

**I am interested in volunteering as a:** **[ ]  Catechist** Grade \_\_\_\_\_ [ ]  **Aide**  Grade \_\_\_\_\_

**Checks may be made payable to your Church of Registration and returned with your registration form.**

If there are financial difficulties or problems with the fees, please call Fr. Brian Converse at 860-464-7251 or

860-445-1446 or email him at pastor@ololgf.org for a waiver.

**FEES – By 31 July: Parishioners** $40.00 per child/$100 max per family **Non-parishioners**: $100 per child **PreK** – No Fee

 ***PLEASE COMPLETE THE BACK SIDE OF THIS FORM ­­­­­***

**Office Use:** Date Paid \_\_\_\_\_\_\_\_\_\_\_\_ Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALLERGY/MEDICAL INFORMATION**

In order to serve your child to the best of our ability, it is necessary for the Catechist to know of any learning disabilities, medical issues, allergies, or other conditions which may require special attention during the class sessions. Please list:

Learning Disabilities:

Medical:

Allergies:

Other:

Personal Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Health/Accident Insurer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Authorization:** This information is correct so far as I know, and the person herein described has permission to engage I a prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgement of medical personnel dictates.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent or Legal Guardian)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SAFE ENVIRONMENTS – NO GO TELL**

The Safe Environments Office has released videos adapted from lesson plans from our NO GO TELL Curriculum. Each grade level will see a video which is age-appropriate, developmentally appropriate and consistent with the moral teachings of the Catholic Church. These videos will be presented to each grade K-9 during one of their faith formation classes.

**PHOTO RELEASE FORM**

\_\_\_\_ I **DO** give permission for my child’s picture to be taken for use in local newspapers, church newsletters, church website, church building and social media.

\_\_\_\_ I **DO NOT** give permission for my child’s picture to be taken for use in local newspapers, church newsletters, church website, church building and social media.

Parent/Legal Guardian Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Name (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_