|  |  |  |
| --- | --- | --- |
| **FEES-By 31 July**  **Parishioners**  $40.00 per child  $100.00 max per family  **Non-parishioners**  $100.00 per child  **Pre K – No Fee**  **Sacramental Fee: $25** | **OUR LADY OF LOURDES CHURCH**  1650 Route 12  Gales Ferry, CT 06335  **2022 -2023 Faith Formation Registration**  **Grades Pre -K – Confirmation II**  [**www.ololgf.org**](http://www.ololgf.org) | **OFFICE USE**  Date Pd.\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount $\_\_\_\_\_\_\_\_\_\_\_\_  Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Have you Liked us on Facebook? Yes \_\_\_\_No\_\_\_\_\_ Active Military? Yes \_\_\_\_ No\_\_\_\_\_\_\_\_** | | |

**Please Print: Sex:**

Student’s **Full** Name Date & Place of Birth ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_ M F

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

Sacramental Yr. 1 or 2 or Grade in Faith Formation Program\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name (first) (middle) \_\_\_\_\_\_\_\_\_\_ (last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home# Cell# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Available for text message? Yes No

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City

Mother’s Name (first) (middle) (last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home# Cell# Work#

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Available for text message? Yes No

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City **Names & Ages of Siblings:**

Does the child reside with both parents? Yes\_\_\_\_\_\_No\_\_\_\_\_ 1. 2.

If no, name of custodial parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. 4.

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

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

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

Emergency contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sacraments Received:**

Baptism: Name & Location of Church Date: month \_\_\_\_ day year \_\_\_\_\_\_

Reconciliation: Name & Location of Church\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: month ­­­\_\_\_\_day \_\_­\_year ­­\_\_\_\_\_

Eucharist: Name & Location of Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: month day year \_\_\_\_\_

**Do you use offertory envelopes? Yes\_\_\_\_\_ No\_\_\_\_\_ Would you like to receive envelopes? Yes\_\_\_\_ No\_\_\_\_\_\_**

**I am interested in volunteering to be a Catechist or an Aide. Returning student: Yes\_\_\_\_\_No\_\_\_\_\_\_\_\_**

Yes, I would like to be a:  Catechist \_\_\_Grade  Aide \_\_\_ Grade

**Checks may be made payable to Our Lady of Lourdes Church 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 email him at [pastor@ololgf.org](mailto:pastor@ololgf.org) for a waiver.

**\*Special Information: Please complete Form on other side\***