

Our Lady of Guadalupe Faith Formation Enrollment

Year 2025 - 2026

Date: _____ Age: _____

Student Name: _____

Date of Birth: _____ Place of Birth: _____

Grade Enrolled in School in September: _____ Faith Formation Class: _____

Class Enrollment:

Pre- K / Kindergarten _____ 1st Grade _____

1st Year Holy Communion _____ 2nd Year Holy Communion _____

4th Grade _____ 5th Grade _____ 6th Grade _____ 7th Grade _____

1st Year Confirmation _____ 2nd Year Confirmation _____

RCIA Youth _____ Sacraments Needed: Baptism _____ F.H.Communion _____ Confirmation _____

Fees:

Sacramental: \$50 Non-Sacramental: \$25 Additional Children: \$10

Amount Paid \$ _____

Balance: _____

Receipt #: _____ *Cash *Check *Bank Card

Parent or Guardian's Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Sacraments:

Baptism: Date & Place _____

Godparents _____

First Holy Communion: Date & Place _____

Parental/Guardian Authorization

Out of concern for all God's people and in response to the USCCB Charter for the Protection of Children and Young People, we have a program for the safe environment education of children and young people supported and mandated by the Archdiocese of Santa Fe. This program is called, "The Circle of Grace". It is equipped to help our children and young people by arming them with essential knowledge and skills grounded in the richness of our faith.

____ I give permission for my child to participate in the program Circle of Grace sponsored by the Archdiocese of Santa Fe.

____ I do not give permission for my child to participate in the program Circle of Grace sponsored by the Archdiocese of Santa Fe.

Details on any special needs or health concerns we need to know about? Yes * No *

If Yes, please list: _____

Please initial

____ I give permission to Our Lady of Guadalupe Church to use any photographs of any of my child for future promotional material or educational purposes.

____ To the best of my knowledge, my child is healthy and free of infectious diseases. If my child becomes ill, I will keep him/her home.

____ In case of an emergency, I hereby give Our Lady of Guadalupe staff authorization to secure proper treatment for my child. Every effort will be made to contact a parent/guardian in case of an emergency.

____ I understand that my child may not use a cell phone or other electronic devices during class, and if my child uses any such device, it will be taken away and kept in the office until class is over.

____ I understand that the administration reserves the right to dismiss a child, who, in their opinion, is a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of Religious Education.

Parent/Guardian signature: _____ Date: _____