



# FAITH FORMATION REGISTRATION FORM

CHRIST OUR LIGHT CATHOLIC CHURCH FAITH FORMATION/YOUTH  
MINISTRY OFFICES  
1 MARIA DR. \* LOUDONVILLE, NY 12211 \* PH. 518 459-6635\*  
KARI.KURTZ@RCDA.ORG  
2023 – 2024

## Family / Contact Information

|                         |  |
|-------------------------|--|
| Family Name             |  |
| Primary Mailing Address |  |
| Main Home Phone         |  |
| E-mail Address          |  |

|            | Mother/Guardian Contact Info  | Father/Guardian Contact Info  |
|------------|---|---|
| Name       |   |   |
| Occupation |   |   |
| Work Phone |   |   |
| Cell Phone |   |   |
| Check if   | <input type="checkbox"/> Guardian, not Mother<br><input type="checkbox"/> Mother does not live with child | <input type="checkbox"/> Guardian, not Father<br><input type="checkbox"/> Father does not live with child |

## Emergency Contacts / Designated Representatives

The persons indicated here should *not* be one of the parents/guardians listed above.

|   |              |  |  |  |
|---|--------------|--|--|--|
| 1 | Name         |  | Contact Phone  |  |
|   | Relationship |  | OK to release child to this person <input type="checkbox"/> Y <input type="checkbox"/> N |  |
| 2 | Name         |  | Contact Phone  |  |
|   | Relationship |  | OK to release child to this person <input type="checkbox"/> Y <input type="checkbox"/> N |  |

## Dismissal Policy Grade Levels K – 6

All children in levels K-6 will stay in their gathering space after each session until a parent/guardian arrives to sign an attendance sheet with catechist and pick up your child. *(Please check the box.)*

☐ I have read the dismissal policy and understand that my child will remain in the building until he/she is signed out by his/her parent/guardian or designated representative.

## Youth Volunteers- CHECK BELOW TO HELP:

|  |                                   |                                    |  |                                   |                                    |
|--|-----------------------------------|------------------------------------|--|-----------------------------------|------------------------------------|
| <b>Greeter (All Ages)</b>                    | <input type="checkbox"/> 4 PM Sat | <input type="checkbox"/> 10 AM Sun | <b>Lector (5<sup>th</sup> Grade +)</b>         | <input type="checkbox"/> 4 PM Sat | <input type="checkbox"/> 10 AM Sun |
| <b>Choir (1<sup>st</sup> Grade +)</b>        | <input type="checkbox"/> 4 PM Sat | <input type="checkbox"/> 10 AM Sun | <b>Teen Catechist (7<sup>th</sup> Grade +)</b> | <input type="checkbox"/> 5 PM Sun | <input type="checkbox"/> 6 PM Tues |
| <b>Altar Server (4<sup>th</sup> Grade +)</b> | <input type="checkbox"/> 4 PM Sat | <input type="checkbox"/> 10 AM Sun | <b>Usher (10<sup>th</sup> Grade +)</b>         | <input type="checkbox"/> 4 PM Sat | <input type="checkbox"/> 10 AM Sun |

## ADULT Volunteers- CHECK BELOW TO HELP: For the safety of our children, all who are with them sign a Code of Conduct, undergo a Background check, and have Safe Environment Training.

|                            |  |                             |   |
|----------------------------|--|-----------------------------|---|
| <b>K-6 Catechist/Aide</b>  | <input type="checkbox"/> K-6 Sunday, <input type="checkbox"/> K-6 Tuesday                            | <b>Substitute Catechist</b> | <input type="checkbox"/> K-6 Sunday, <input type="checkbox"/> K-6 Tuesday |
| <b>Catechist for Teens</b> | <input type="checkbox"/> 7 – 8, <input type="checkbox"/> 9-10, <input type="checkbox"/> Confirmation | <b>Gatekeeper</b>           | <input type="checkbox"/> Teens Sunday                                     |
|                            |  |                             | <input type="checkbox"/> K-6 Sunday, <input type="checkbox"/> K-6 Tuesday |
|                            |  |                             | <input type="checkbox"/> Teens Sunday                                     |

Information (if you have more than 3 children in the program please attach another sheet)

|          |  |   |  |     |
|----------|--|---|--|-----|
| Child #1 | Child's Name   |   |  |     |
|          | School   |   |  |     |
|          | Grade  |   | Birth date                                   | / / |
|          |  |   |  |     |
|          | Grades K-6   | <input type="checkbox"/> Sundays<br>5 – 6 PM      | <input type="checkbox"/> Tuesdays<br>6:00 PM |     |
|          | Grades 7-Confirmation  | <input type="checkbox"/> Sundays<br>6:15 – 7:30PM |  |     |
|          | Are there any accommodations that may assist us in working with your child |   |  |     |

|  |
|--|
| My child has celebrated the sacraments of  |
| <input type="checkbox"/> Baptized <input type="checkbox"/> First Reconciliation  |
| <input type="checkbox"/> First Communion   |
| <input type="checkbox"/> I allow any video or photograph of my child taken during a parish function to be used in any parish promotional materials and websites. |
| MEDICAL: Please list any medical conditions/allergies  |
|  |

|          |  |   |  |     |
|----------|--|---|--|-----|
| Child #2 | Child's Name   |   |  |     |
|          | School   |   |  |     |
|          | Grade  |   | Birth date                                   | / / |
|          |  |   |  |     |
|          | Grades K-6   | <input type="checkbox"/> Sundays<br>5 – 6 PM      | <input type="checkbox"/> Tuesdays<br>6:00 PM |     |
|          | Grades 7-Confirmation  | <input type="checkbox"/> Sundays<br>6:15 – 7:30PM |  |     |
|          | Are there any accommodations that may assist us in working with your child |   |  |     |

|  |
|--|
| My child has celebrated the sacraments of  |
| <input type="checkbox"/> Baptized <input type="checkbox"/> First Reconciliation  |
| <input type="checkbox"/> First Communion   |
| <input type="checkbox"/> I allow any video or photograph of my child taken during a parish function to be used in any parish promotional materials and websites. |
| MEDICAL: Please list any medical conditions/allergies  |
|  |

|          |  |   |  |     |
|----------|--|---|--|-----|
| Child #3 | Child's Name   |   |  |     |
|          | School   |   |  |     |
|          | Grade  |   | Birth date                                   | / / |
|          |  |   |  |     |
|          | Grades K-6   | <input type="checkbox"/> Sundays<br>5 – 6 PM      | <input type="checkbox"/> Tuesdays<br>6:00 PM |     |
|          | Grades 7-Confirmation  | <input type="checkbox"/> Sundays<br>6:15 – 7:30PM |  |     |
|          | Are there any accommodations that may assist us in working with your child |   |  |     |

|  |
|--|
| My child has celebrated the sacraments of  |
| <input type="checkbox"/> Baptized <input type="checkbox"/> First Reconciliation  |
| <input type="checkbox"/> First Communion   |
| <input type="checkbox"/> I allow any video or photograph of my child taken during a parish function to be used in any parish promotional materials and websites. |
| MEDICAL: Please list any medical conditions/allergies  |
|  |

### Registration Fees and Signature:

**If you need to make payment plans or need a scholarship please contact the Faith Formation Office.** Make all checks payable to **Christ Our Light**. Online Payments can be made at <https://tinyurl.com/COLFFregistration>  
Registration form and payment is due **by September 1<sup>st</sup>, 2023**. Thank you!

|                  |                               |                               |                                |
|------------------|-------------------------------|-------------------------------|--------------------------------|
|                  | 1 child 1-10                  | 2 children 1-10               | 3 + children 1-10              |
| Registration fee | <input type="checkbox"/> \$45 | <input type="checkbox"/> \$80 | <input type="checkbox"/> \$100 |

|   |
|---|
| Office use only                           |
| Payment status                            |
| <input type="checkbox"/> Payment enclosed |

|            |  |                                   |
|------------|--|-----------------------------------|
| Sacraments | 1 <sup>st</sup> Eucharist & Reconciliation | Confirmation                      |
|            | <input type="checkbox"/> \$35 fee          | <input type="checkbox"/> \$80 fee |

|                 |
|-----------------|
| Office use only |
|-----------------|

|                           |  |      |  |
|---------------------------|--|------|--|
| Parent/guardian signature |  | Date |  |
|---------------------------|--|------|--|