



Children's Faith Formation Registration Form (2018-2019)
 Our Lady of Sorrows Catholic Church
youth@olos.us -- 410-867-2059

<u>Office Use Only</u>
Payment _____
Check # _____
Ck Date: _____
Rcvd/PM _____
Classroom Volunteer _____

Please complete all information on both sides of this form.

PROGRAMS:

Sunday Morning Sessions: PreK4 (4 years old by start date) through 9th, weekly **9:05-10:20 AM**.

TUITION AND FEES:

Before August 1st: \$100 (1st child), \$75 (2nd child) & \$50 each additional child
August 1st and later: \$125 (1st child), \$75 each additional child

****Other fees in addition to Tuition (not due at this time):**

- ***First Reconciliation:** \$50 for each student
- ***First Communion:** \$50 for each student
- ***Confirmation:** \$125 for each student

FAMILY INFORMATION:

Last Name of Children _____ Phone# you can be reached on: _____ Alternate: _____
 Address _____ City _____ MD zip code _____

Print Child's First Name **IN APPROPRIATE BOX**

Grade	Name	Gender	Baptized	First Eucharist	Date of Birth
PreK					
K					
1 st					
2 nd					
3 rd					
4 th					
5 th					
6 th					
7 th					
8 th					
9 th					

If Baptized at OLOS please just note "OLOS" above.

**Children's Faith Formation is a family ministry and relies on parental participation.
 Please prayerfully consider sharing your faith with our children.**

Children's Faith Formation Registration (continued on back)

EMERGENCY CONTACT INFORMATION:

Emergency Contact: _____

Phone#: _____ Relationship to Child(ren): _____

Family Doctor: _____ Phone#: _____

Family Dentist: _____ Phone#: _____

Insurance Carrier: _____ Policy#: _____

Medical Release: I authorize the Religious Education staff at OLOS to administer medical attention to my child if necessary and only if unable to contact me.

Parent Signature: _____

Date: _____

MEDICAL HISTORY (Please circle if applicable)

Asthma	Convulsive Disorder	Rheumatic Fever	Allergy (_____)
Heart Condition	Speech Problem	Cerebral Palsy	Hemophilia
Hearing Problem	Diabetes	Kidney Problem	Severe Vision Problem
Meningitis	ADD/ADHD	Other _____	

Is the student on any long-term medication, and if so, for what? _____

Any other information that should be shared with a medical professional in case of an emergency:

By signing this form below I agree:

I will ensure that my child(ren) complete the required 85% of their Faith Formation Course

Mother/Guardian Print: _____ Sign _____

Father/Guardian: Print: _____ Sign _____

Mother's Religious Affiliation: _____ Father's Religious Affiliation: _____

CURRENT EMAIL: _____ (MUST NOTIFY US IF CHANGED)

VOLUNTEER INFORMATION:

Volunteer Name _____

Child Protection Training completed? _____ E-mail(if different than above): _____

Teacher - Grade / Session _____ Teach Sunday Class. Training Provided. **(Pay no fee)**

Teacher's Aide - Grade / Session _____ Assist teachers in Sunday Classes **(Pay no fee)**

Substitute Teacher - Session _____ As needed **(20% discount)**

Mail form and payment to:
OLOS - Children's Faith Formation
101 Owensville Road
West River, MD 20778