

**OUR LADY OF THE ASSUMPTION PARISH**  
**Registration Form – 2017-2018 Year**

**PLEASE PRINT USING BLOCK LETTERS**

<u>Father's Name (First, Last)</u>	<u>Mailing Address</u>	<u>City</u>	<u>Zip Code</u>	<u>Phone 1</u>	<u>Phone 2</u>	<u>Religion</u>
<u>Mother's Name (First, Maiden)</u>	<u>Mailing Address</u>	<u>City</u>	<u>Zip Code</u>	<u>Phone 1</u>	<u>Phone 2</u>	<u>Religion</u>
<u>Mother's Email:</u>						
<u>Father's Email:</u>						
Best Email to use: Name: _____						

<u>Student Name (First, Middle, Last)</u>	<u>Student Address</u>	<u>Birth Date</u>	<u>M/F</u>	<u>Grade (Fall 2016)</u>	<u>School Student Attends</u>	<u>OFFICE USE Placement</u>

1 child	\$70.00
2 children	\$110.00
3 children	\$150.00
Eucharist and Confirmation Students	\$100.00
Bible (used in classroom)	N/C
Textbook (include)	N/C

Contact the Faith Formation Director in the case of financial hardship.  
 Payment plans and fee adjustments can be made.

<b>FOR OFFICE USE</b>	
Registration Date:	\$ _____ Cash or \$ _____ CK # _____
Tuition Payment:	\$ _____ Cash or \$ _____ CK # _____
Sacrament Fee:	\$ _____ Cash or \$ _____ CK # _____
Bible:	_____ CK # _____
Received:	_____ Baptismal Certificate(s)
	_____ Sacrament Documentation Form
	_____ Emergency Card
	_____ Sign-out Authorization Form
	_____ Volunteer Form

# SACRAMENT DOCUMENTATION

(One for each child)

DATE: \_\_\_\_\_

OFFICE USE

Child's Name (First, Middle, Last): \_\_\_\_\_

Birth Date (Month, Day, Year): \_\_\_\_\_

Place of Birth (City, State): \_\_\_\_\_

Father's Name (First, Last): \_\_\_\_\_

Mother's Name (First, Maiden): \_\_\_\_\_

Has your child been **BAPTISED**? Yes \_\_\_ No \_\_\_

**If yes,**

Roman Catholic Baptism Date: \_\_\_\_\_

Name & Address of Church: \_\_\_\_\_

\_\_\_\_\_

**Attach Copy of Certificate:** (Turn in form even if you do not have cert. yet.) \_\_\_\_\_

If baptized in another denomination (faith):

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

Name and Address of Church: \_\_\_\_\_

\_\_\_\_\_

**Attach Copy of Certificate:** (Turn in form even if you do not have cert. yet.) \_\_\_\_\_

If baptized in a non-Catholic church, was there a formal reception into Full Communion with the Roman Catholic Church later? Yes \_\_\_ No \_\_\_

**If yes,** Date: \_\_\_\_\_

Name and Address of Church: \_\_\_\_\_

\_\_\_\_\_

**Attach Copy of Certificate:** (Turn in form even if you do not have cert. yet.) \_\_\_\_\_

See reverse for further questions.

Has your child received **First Reconciliation**?      Yes \_\_\_ No \_\_\_

**If yes,**

Date of First Reconciliation: \_\_\_\_\_

Name & Address of Church: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attach Copy of Certificate:**      (Turn in form even if you do not have cert. yet.)      n/r      \_\_\_\_\_

Has your child received **First Eucharist**?      Yes \_\_\_ No \_\_\_

**If yes,**

Date of First Eucharist: \_\_\_\_\_

Name & Address of Church: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attach Copy of Certificate:**      (Turn in form even if you do not have cert. yet.)      \_\_\_\_\_

Has your child received **Confirmation**?      Yes \_\_\_ No \_\_\_

**If yes,**

Date of Confirmation: \_\_\_\_\_

Name & Address of Church: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attach Copy of Certificate:**      (Turn in form even if you do not have cert. yet.)      \_\_\_\_\_

*Thank you very much for your assistance!*

**Our Lady of the Assumption Parish - Faith Formation Program  
Emergency Contact Form 2017-2018**

PLEASE PRINT

DATE: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical condition, problems or food allergies for this child:  
\_\_\_\_\_

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Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical condition, problems or food allergies for this child:  
\_\_\_\_\_

\*\*\*\*\*

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical condition, problems or food allergies for this child:  
\_\_\_\_\_

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**Contact Information**

Name of person to notify in case of an emergency: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Where will this person usually be during Faith Formation Classes? \_\_\_\_\_ (Home, office, car waiting, specify other)

Name of another responsible adult we may contact: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Where will this person usually be during Faith Formation Classes? \_\_\_\_\_ (Home, office, car waiting, specify other)

**Authorization of Consent for Treatment of a Minor**

In the event of a serious emergency and none of the persons listed on this form can be contacted, I authorize Faith Formation officials to call my family physician, or if the situation demands, to transfer my child to the nearest hospital for emergency care. I consent for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment which is deemed advisable by and rendered under the general or supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act whether such diagnosis or treatment is rendered at the physician's office or at a certified hospital.

I understand that the Our Lady of the Assumption Parish Faith Formation Program does not assume responsibility for payment of medical treatment.

I hereby agree to bear all costs incurred as a result of the foregoing.

Parent's Name: (Print) \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Physician's name and phone # \_\_\_\_\_

If your physician cannot be reached, the Faith Formation Program may choose a physician:

Yes  No

If "NO" is checked, indicate what is to be done in case of an accident or emergency:

Signature: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Date: \_\_\_\_\_

**OUR LADY OF THE ASSUMPTION PARISH  
FAITH FORMATION PROGRAM**

**Sign-In/Sign-Out Authorization 2017-2018**

**DATE:** \_\_\_\_\_

Please Print

I, \_\_\_\_\_, allow my child(ren) (listed below) to be signed-in  
and/or signed-out by the following adults other than myself and/or my spouse:

\_\_\_\_\_/ \_\_\_\_\_/  
\_\_\_\_\_/ \_\_\_\_\_.

Child(ren)'s names:

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

**Our Lady of the Assumption Parish  
Children's Faith Formation Program**

**DATE:** \_\_\_\_\_

**Volunteer Sign-up**

When we are baptized as Catholics, we are called to share our faith. We invite you to respond to that call in a formal way by teaching children about God's love for us or in an informal way through a variety of supportive activities. Your help is needed, welcome and very much appreciated. Thank you for considering where you can share your time and/or talents.

**I can help with the following (check all that apply):**

**Co-Catechist** (Goal is to have 2 catechists per class to share the commitment)

A Co-Catechist shares the responsibility of teaching a particular class with another co-catechist. Support is available; the Catechist Manuals are excellent.

Please indicate grade choice (Kindergarten through 8<sup>th</sup> grade): \_\_\_\_\_

**Substitute Catechist**

**Aide in Classroom** (grades K-6). Please indicate grade choice: \_\_\_\_\_

Help with **Special Events** such as occasional Masses, receptions for First Eucharist and Confirmation

Help with **Christmas Eve Program** at 4:00 and 6:00 pm Masses

**Bake Sale at Santa's Breakfast** (in December) Proceeds will be allocated to registration fees for the diocesan Confirmation Rally for Confirmation candidates. Bakers and cashiers needed.

**Chaperone Confirmation Rally**

**Room Parent** (*I would like to have a Room Mother/Father for each grade*).

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

For questions please contact Joan Cotton, Faith Formation Coordinator at 916-488-4626 or [faithformation@olaparish.net](mailto:faithformation@olaparish.net)