

Our Lady of the Lake Religious Education Registration 2018-2019

In order for your child to begin the first day of classes on 09/05/2018 or 09/09/2018-all of the following MUST be on file by Friday, August 31, 2018.

Late registration: an additional \$10 per child (AFTER August 31, 2018)

_____Are you registered in the parish at Our Lady of the Lake Catholic Church?

_____Enclose \$30.00 fee per student (not to exceed \$90 per family).

_____I would like to include an additional \$30 to sponsor a child whose family is unable to pay.

_____Please provide a copy of your child's Baptismal Certificate for 2nd & 8th grade students.

_____I would like to be a substitute catechist.

_____I am unable to pay the required registration fee for my child at this time.

_____I commit to faithfully bringing my child/children to Religious Education & Mass on a weekly basis.

_____I acknowledge that I have received the Parent/Student Handbook & Yearly Calendar.

Parent Signature

Family Last Name: _____ E-Mail: _____

Home Address: _____ City/State: _____ Zip Code: _____

Mother's Name: _____ Home #: _____ Cell #: _____

Mother's Address (If different from above): _____ City/State: _____ Zip Code: _____

Father's Name: _____ Home #: _____ Cell #: _____

Father's Address (If different from above): _____ City/State: _____ Zip Code: _____

Please list the children you will be enrolling for the 2018-2019 calendar year and indicate the sacramental history for each child

Child's Name	M/F	Birthdate	Grade (Fall 2018)	School Attending	Baptized?	Where?	City/State	First Reconciliation?	First Communion?	Confirmed?
					YES/NO			YES/NO	YES/NO	YES/NO
					YES/NO			YES/NO	YES/NO	YES/NO
					YES/NO			YES/NO	YES/NO	YES/NO
					YES/NO			YES/NO	YES/NO	YES/NO
					YES/NO			YES/NO	YES/NO	YES/NO

Has your child/children had previous Religious Education?

No/Yes	Where?	# of Years/Grade Started

Book Fees & Materials

1 child	\$30.00 per year
2 children	\$60.00 per year
3 or more children	\$90.00 per year

Please make checks payable to Our Lady of the Lake.



IF YOUR CHILD IS A 2ND, 8TH, OR PREP STUDENT RECEIVING A SACRAMENT THIS YEAR:

THERE IS AN ADDITIONAL \$30 FEE PER CHILD FOR SACRAMENT RETREATS.

PLEASE COMPLETE BOTH SIDES OF THE FORM

PLEASE MARK CLASS TIME/SESSION REQUESTED FOR EACH CHILD

Child's Name	3 YEAR OLDS-5 TH GRADE SUNDAY MORNINGS ONLY	3 YEAR OLDS-KINDERGARTEN SUNDAY MORNINGS ONLY	6 TH -8 TH GRADE WEDNESDAY NIGHTS ONLY	Class Assignment (To Be Completed by the Religious Education Office)
	__9:40a.m.-10:50a.m.	__11:00 a.m.-12:00 p.m.	__6:15p.m.-7:45p.m.	
	__9:40a.m.-10:50a.m.	__11:00 a.m.-12:00 p.m.	__6:15p.m.-7:45p.m.	
	__9:40a.m.-10:50a.m.	__11:00 a.m.-12:00 p.m.	__6:15p.m.-7:45p.m.	
	__9:40a.m.-10:50a.m.	__11:00 a.m.-12:00 p.m.	__6:15p.m.-7:45p.m.	
	__9:40a.m.-10:50a.m.	__11:00 a.m.-12:00 p.m.	__6:15p.m.-7:45p.m.	

MIDDLE SCHOOL ACTIVITY AFTER CLASSES
7:45 p.m.-8:15 p.m. (OPTIONAL ON A WEEK TO WEEK BASIS)

NO	YES	PARENT SIGNATURE

Please list who can/cannot pick up your child/children

Child's Name	Relationship to Child	Yes/No

LOCAL EMERGENCY CONTACT NAME:

PHONE #:

For Office Use Only:

Date: _____

Amount Paid: _____

Check # or Cash: _____

Fee Waived: _____

Weapons & Dangerous Instruments

Students shall not possess, handle, transmit, use or attempt to use any dangerous weapon while on the property of Our Lady of the Lake Catholic Church.

Threats

Any student who makes a threat of violence, whether written or verbal, which creates any kind of personal offense to a student or any adult while on the property of Our Lady of the Lake Catholic Church may receive disciplinary action or legal consequences by parish staff or by law enforcement officials.

PLEASE KEEP YOUR CELL PHONE ON DURING YOUR CHILD'S CLASS TIME SO THAT WE CAN REACH YOU IF NECESSARY

Special Needs Information

You, as the parent or guardian, can help us by clearly identifying any special needs or challenges your child/children may have. This information is helpful to effectively meet the needs of your child/children.

Information disclosed on this form will remain confidential with the Religious Education Office and your child's teacher.

Child's Name	Allergies (e.g., nuts, seasonal, etc.)	Learning Disabilities/Medical Conditions (e.g., dyslexia, hearing/vision impairments, ADHD, autism, asthma, etc.)	Does your child have any special dietary restrictions/needs?	Does your child take any daily medication?	If so, what medication(s) does your child take?	Dosage of Medication
				YES/NO		
				YES/NO		
				YES/NO		
				YES/NO		
				YES/NO		

Is there any other important information that would help us better minister to your child/children?
(i.e.: relocation, divorce, death in the family, blended family, etc.)

I give permission for medication (e.g., tylenol, etc.), Epi-Pen, inhaler, or other medical device to be administered to my child/children, as needed, while on the premises of Our Lady of the Lake Catholic Church.

In case of an emergency, I hereby give my consent to treatment, as necessary to be performed by a licensed physician or nurse.

Parent/Guardian Signature: _____

