

Our Lady of the Lake Youth Participation Registration 2019-2020

Starting September 1, 2020, there will be a \$30 participation fee.

- _____ Are you registered in the parish at Our Lady of the Lake Catholic Church?
 _____ I would like to include an additional \$30 to sponsor a child whose family is unable to pay.
 _____ I would like to be a substitute catechist.
 _____ I am unable to pay the required registration fee for my child at this time.
 _____ Please provide the Family Life Child Safety Program to our family at no additional charge.
 _____ I commit to faithfully bringing my child/children to Religious Education & Mass on a weekly basis.

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 2019)	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

PLEASE COMPLETE BOTH SIDES OF THE FORM

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 to Our Lady of the Lake.

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

Child's Name	Relationship to Child	Yes/No

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.

**LOCAL EMERGENCY
CONTACT NAME:**

PHONE #:

For Office Use Only:

Date: _____

Amount Paid: _____

Check # or Cash: _____

Fee Waived: _____

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		
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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), 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: _____

