

Our Lady of the Lake Religious Education Registration 2020-2021

The start of classes and session will be announced at Mass, by the Parish App, and the Bulletin as soon as possible.

- _____ 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.
- _____ Please provide the Family Life Child Safety Program (Safe Environment) to our family at no additional charge.
- _____ 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.
- _____ Due to COVID-19 Pandemic, I will be Home-Schooling My Child/Children Utilizing the Curriculum in place at Our Lady of the Lake. I will communicate my child's progress quarterly.

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 2020)	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

Have your child/children had previous Religious Education?

No/Yes	Where?	# of Years/Grade Started

PLEASE COMPLETE BOTH SIDES OF THE FORM

Book Fees & Materials

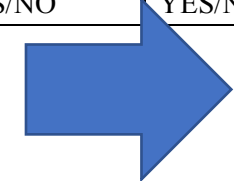
1 child	\$30.00 per year
2 children	\$60.00 per year
3 or more children	\$90.00 per year

Please make checks payable to 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 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.

No Cell Phones use during classes for students enrolled in the Religious Education Classes. Please be sure your son/or daughter's phone is either left at home or in the "off" position before entering the classroom, and that they are aware of no cell phone use in the classroom.

Special Needs Information

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

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. _____ Date: _____

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

_____ Date: _____

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		