

Our Lady of the Sierra Church

Religious Education Registration Form for 2017-18

CHILD #1

Student's Last Name	First Name	GR	DOB	Age	Address	City	Zip
Primary Phone	Family Email		Emergency Contact Name		Relationship	Emergency Phone	
Known allergies to medications or food:				Special circumstances (social, medical, academic, or behavioral):			

CHILD #2

Write Child #2's name, grade (GR), date of birth (DOB), and age. If the remainder of the information (shaded area) is the same as that provided for Child #1, leave blank. If different, fill in what is different.

Student's Last Name	First Name	GR	DOB	Age	Address	City	Zip
Primary Phone	Family Email		Emergency Contact Name		Relationship	Emergency Phone	
Known allergies to medications or food:				Special circumstances (social, medical, academic, or behavioral):			

CHILD #3

Write Child #3's name, grade (GR), date of birth (DOB), and age. If the remainder of the information (shaded area) is the same as that provided for Child #1, leave blank. If different, fill in what is different.

Student's Last Name	First Name	GR	DOB	Age	Address	City	Zip
Primary Phone	Family Email		Emergency Contact Name		Relationship	Emergency Phone	
Known allergies to medications or food:				Special circumstances (social, medical, academic, or behavioral):			

EMERGENCY MEDICAL INFORMATION

If a child needs emergency care, we will call 911 and notify parents immediately. There is no medical insurance provided by the parish or diocese.

In the event of an emergency and I cannot be contacted, I hereby authorize that the Emergency Contact Name listed above be contacted. I also authorize that emergency treatment be administered.

Parent/Guardian Signature _____ Date _____

PARENTS/GUARDIAN

Mother's Name	Phone/Cell	Volunteer (Check) <input type="checkbox"/> Teacher <input type="checkbox"/> Co-Teacher <input type="checkbox"/> Substitute Teacher <input type="checkbox"/> Classroom Helper
Father's Name	Phone/Cell	Volunteer (Check) <input type="checkbox"/> Teacher <input type="checkbox"/> Co-Teacher <input type="checkbox"/> Substitute Teacher <input type="checkbox"/> Classroom Helper
Guardian's Name	Phone/Cell	Volunteer (Check) <input type="checkbox"/> Teacher <input type="checkbox"/> Co-Teacher <input type="checkbox"/> Substitute Teacher <input type="checkbox"/> Classroom Helper

CHILDREN'S SACRAMENTS

First Holy Communion and Confirmation students must present Baptismal Certificate.

CHILD'S NAME	CIRCLE SACRAMENTS ALREADY RECEIVED.			
	Baptism	Eucharist	Reconciliation	Confirmation
	Baptism	Eucharist	Reconciliation	Confirmation
	Baptism	Eucharist	Reconciliation	Confirmation
	Baptism	Eucharist	Reconciliation	Confirmation

PHOTO RELEASE

I, _____, give Our Lady of the Sierra Church permission to post pictures of my child/ren listed above on bulletin boards, in church newsletters, in the bulletin, and on www.olsatholic.org. I understand that only pictures taken at official Faith Formation events will be posted.

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

Fee	Child #1	Child #2	Child #3	Total Due
Circle the amounts, then add to find total.	\$40.00	\$15.00	\$10.00	\$
Total Paid				Received by:
\$ _____	Check # _____	_____	Cash	