



# Our Lady of Lourdes Catholic Church

## Pre-K4 Through Grade 12

### 2016-2017 Family Faith Formation

### Registration Form

(ONE FORM PER FAMILY)

Parents'/Guardians' Names in **FULL**:

Today's Date: \_\_\_\_\_  
 Family E-mail address: \_\_\_\_\_

MOTHER'S: Last \_\_\_\_\_ (Maiden) \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ FATHER'S: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Telephone w/area code: \_\_\_\_\_ (Home) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_ (Father's) \_\_\_\_\_

Physical address: \_\_\_\_\_ (Street) \_\_\_\_\_ (Mother's) \_\_\_\_\_ (cell) \_\_\_\_\_ (Father's) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ (Street or P.O. Box) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

Students' Names \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ 2016-2017 School Grade \_\_\_\_\_ Is this child a baptized Catholic? \_\_\_\_\_ (Circle one) \_\_\_\_\_ Sacraments NEEDED \_\_\_\_\_ (Circle if student needs to be prepared this year)

\_\_\_\_\_ Yes/No \_\_\_\_\_ Reconciliation/Eucharist/Confirmation  
 \_\_\_\_\_ Yes/No \_\_\_\_\_ Reconciliation/Eucharist/Confirmation  
 \_\_\_\_\_ Yes/No \_\_\_\_\_ Reconciliation/Eucharist/Confirmation

**Sessions Time**

**Wednesdays: Grades Pre K-4 - 5<sup>th</sup> at 6:00-7:15 p.m. in Madonna Hall,**  
**Grades 9<sup>th</sup> - 12<sup>th</sup> at 6:00-7:30 p.m. in Madonna Hall**  
**Sundays: Grades 6<sup>th</sup> - 8<sup>th</sup> at 5:00-6:30 p.m. in Madonna Hall**

**Volunteers (All adults 18 years old and older) needed:** (please check)  
 Catechist (Teacher) \_\_\_\_\_ Grade preferred \_\_\_\_\_ Do you want your child in your class? \_\_\_\_\_  
 Paraclete (Aide) \_\_\_\_\_ Grade preferred \_\_\_\_\_ Do you want your child in your class? \_\_\_\_\_  
 Youth Group Core Team (Junior High & High School) \_\_\_\_\_

**Family Faith Formation**

welcomes **ALL** children, youth and parents. This year there is **NO TEXTBOOK FEE**. Every child from PreK-4 through 12<sup>th</sup> grade should attend FFF or day school. Parents, adults meet at the same time with "Breathing Open the Word." Come grow with us in your faith. Sessions begin Wednesday, September 7, from 6 p.m. to 7:15 p.m. for grades PreK-4 - 5 and 6:00 p.m. - 7:30 p.m. for grades 9- 12. Sunday, September 11 from 5:00 p.m. to 6:30 p.m. for grades 6-8 in Madonna Hall.

# OUR LADY OF LOURDES PARENT /GUARDIAN CONSENT/LIABILITY WAIVER FORM

## IMPORTANT! THIS PAGE MUST BE SUBMITTED WITH THE REGISTRATION FORM!

To be filled out by the parent or legal guardian of children under 18 years of age.

NAMES OF CHILDREN/TEENS – Please Print

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_

### MEDICAL CONSENT

In the event of an emergency, I hereby give permission to the staff of Our Lady of Lourdes Catholic Church to seek emergency medical transport and/or treatment for my child(ren) named ABOVE. I will be responsible for all costs incurred. I wish to be advised before further care is given by the hospital or doctor. If I cannot be reached, contact:

Name & Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Family Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Insurance Name \_\_\_\_\_ Group Number \_\_\_\_\_  
Insurance Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_  Check here if not insured  
Signature of Parent /Guardian \_\_\_\_\_ Date \_\_\_\_\_

### CONSENT AND LIABILITY WAIVER

In the event of any accident or injury, I agree on behalf of myself, my child(ren)'s other parent, if known or living, (name of parent) \_\_\_\_\_ the child(ren) named ABOVE, or our heirs, successors, and assigns, to hold harmless and defend the Archdiocese of Galveston-Houston, its pastor or any representative of Faith Formation and Youth Ministry, unless the parties involved were careless and negligent.

Signature of Parent /Guardian \_\_\_\_\_ Date \_\_\_\_\_

### VIDEO/PHOTOGRAPHY CONSENT

As parent /guardian, I understand that promotional pictures and videos (individual and group) may be taken during Pre-K, Elementary, Jr. High and Life Teen Faith Formation classes or other activities. I give permission for my child(ren)'s pictures (named ABOVE) to be used for church promotional materials such as newsletters, web pages, calendars, bulletin boards, Power Point presentations, or videos to promote or highlight these classes or activities.

Signature of Parent /Guardian: \_\_\_\_\_

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