

*Our Lady of Lourdes Catholic Church*

**Pre-K4 through Grade 12**

**2017-2018 Family Faith Formation Registration**

**(ONE FORM PER FAMILY)**

Today's Date: \_\_\_\_\_ Family email address: \_\_\_\_\_

Parents'/Guardians' Names in FULL:

Father (Last name, first name, middle Initial) : \_\_\_\_\_

Father Phone Number(s) (home): \_\_\_\_\_ (cell): \_\_\_\_\_ (work): \_\_\_\_\_

Mother (Last name, first name, middle Initial) : \_\_\_\_\_

Mother Phone Number(s) (home): \_\_\_\_\_ (cell): \_\_\_\_\_ (work): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street

City

State

Zip:

Children:

Name: (PLEASE INCLUDE LAST NAME, IF DIFFERENT)	Sex	Date of Birth	2017-18 School Grade	Is this child baptized?	If yes, which Denomination	Sacraments Needed this year
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation

**Session Times**

Grades PreK4—5th: Wednesdays, 6:00pm to 7:15pm

Grades 6th—8th: Sundays, 5:00pm to 6:30pm

Grades 9th—12th: Wednesdays, 6:00pm to 7:30pm

Adults Breaking Open the Word:

Wednesdays, 6:00 pm to 7:15pm

**Family Faith Formation Fee**

\$20.00 per child for textbook fee x \_\_\_\_\_ child(ren) = \$ \_\_\_\_\_

\$25.00 sacrament textbook fee x \_\_\_\_\_ child(ren) = \$ \_\_\_\_\_

(To be eligible for First Eucharist Preparation, the child must be baptized, in 2nd grade for higher, and attended FFF in 2016-2017 with good attendance.)

Total Due: \_\_\_\_\_

For Office Use Only:

Payment date: \_\_\_\_\_ Cash/Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Received by: \_\_\_\_\_

Notes: \_\_\_\_\_

*Our Lady of Lourdes Catholic Church*

**Parent/Guardian Consent/Liability Waiver Form**  
**This page MUST be submitted with the registration form**

Name of child—PLEASE PRINT

Please list any learning or physical challenges, or **allergies** that you child might have:


**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 and Relationship: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_  Check here if not insured

**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 other 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 representation 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, Junior High, and High School Faith Formation classes or other activities. I give permission for my child(ren)'s pictures 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