

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

Session Times

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

Grades 6th—8th: Sundays, 4:00pm to 5:30pm

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