

Our Lady of the Lake

Faith Formation Registration Birth - 12th Grade

Office Use:

Registration Date: _____

Family ID # _____

Invoice #: _____

Receipt # _____

Reviewed by: _____

FAMILY INFORMATION

Family Last Name: _____

Name of Parent/Guardian: _____
Last First Middle

SPOUSE Name of Parent/Guardian: _____
Last First Middle

Address: _____

City: _____ Zip: _____ County: _____

Father's Phone #: _____ Mother's Phone #: _____

Email: _____

Is your family a registered member of OLOL parish? _____ Yes _____ No

Father Ethnicity: *(circle one)*

American Indian Asian Caucasian Filipino Hispanic (Hispano) Middle Eastern African American Other: _____

Mother Ethnicity: *(circle one)*

American Indian Asian Caucasian Filipino Hispanic (Hispano) Middle Eastern African American Other: _____

What is the predominant language spoke in the home? *(circle one)*

English Spanish Both Other: _____

EMERGENCY CONTACT DURING CLASS HOURS:

Name: _____ Mobile Phone: _____

Relationship to Student: _____

REGISTRATION/CLASS FEES

PLEASE READ THIS SECTION VERY CAREFULLY, IT IS IMPORTANT

- The family fee of \$35 includes one colorful handout that will be given to the family for continued discussion throughout the week.
- Parent(s) or grandparent(s) must attend the early childhood classes with the child or children.
- **All fees are non-refundable, and must be paid in full at time of registration.** (Checks, cash or credit cards accepted)

Session Days/Times

| | | | | |
|-------------------------------|--------------------------------|-------------------------------|----------------------------------|----------------------------------|
| Sunday 1:30-2:45 pm | Monday 9:30-10:45 am | Monday 4:15-5:30 pm | Wednesday 9:30-10:45am | Wednesday 4:15-5:30 pm |
|-------------------------------|--------------------------------|-------------------------------|----------------------------------|----------------------------------|

Student #1 _____

Last Name
First Name
Middle Name
age (As of 9/1/17)

Session Day/Time _____

Program Fee: \$35
(family fee)

Student #2 _____

Last Name
First Name
Middle Name
age (As of 9/1/17)

Session Day/Time _____

Student #3 _____

Last Name
First Name
Middle Name
age (As of 9/1/17)

Session Day/Time _____

Student #4 _____

Last Name
First Name
Middle Name
age (As of 9/1/17)

Session Day/Time _____

| |
|-------------------|
| Office Use |
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| Invoice #: |

| 2017-18 PROGRAM FEES | Fee | Total |
|---|-----------------|-------|
| Program Fee per Family: | \$35.00 | |
| Non-Registered Parishioner at OLOL Fee <i>(Per Family):</i> <i>Applies to all families registered after 12/31/2016</i> | \$100.00 | |
| Late Registration Fee <i>(Per Family):</i> <i>\$25 fee after 6/8/2017 & \$50 fee after 8/7/17</i> | | |

Total due:

Signature of Parent/Guardian/Conservator _____ Date _____

STUDENT INFORMATION

Student Name: _____
Last First Middle Nickname

Date of Birth: _____ **Birth Place (City,State):** _____

Student Ethnicity: (circle one)

American Indian Asian Caucasian Filipino Hispanic (Hispano) Middle Eastern African American Other: _____

Has this student received the Sacrament of:

Baptism: Yes _____ No _____ First Communion: Yes _____ No _____ Confirmation: Yes _____ No _____

Baptism Place: _____ **Baptism Date:** _____

1st Communion Place: _____ 1st Communion Date: _____

Confirmation Place: _____ Confirmation Date: _____

List all food allergies, medical conditions, physical disabilities or learning differences and current medications? _____

LIABILITY RELEASE

I, _____ the parent of _____ (child name) grant permission for my son/daughter to participate in the activities and functions of the church. I understand that as parent/guardian/conservator, I remain legally responsible for any personal actions taken by my son/daughter. I recognize the inherent risk associated with the various activities that my son/daughter will be participating in. I agree on behalf of myself, my son/daughter named herein, my heirs, successors, and assigns to indemnify, defend, and hold harmless Our Lady of the Lake Catholic Church and the Roman Catholic Diocese of Dallas, their employees and/or volunteers from any and all claims (unless due to the Sole or Gross NEGLIGENCE of the Parish) for illness, injury or death and the cost of medical treatment therewith, arising from or in any way connected with my son/daughter participating and/or attending the various youth programs and activities during this formation year noted above. In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this release, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, reasonable attorneys' fees and expenses incurred by the prevailing party.

AUDIO/VISUAL RECORDING AND PHOTOGRAPHY CONTENT

On occasion, video recordings, audio recordings, photographic slides, and photographs are taken of children and youth during church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, advertisements and other printed media. As the State of Texas does not prevent audio or video recording or the photographing of children/youth (with the exception of Senate Bill 1, Section 26.009. which deals specifically with school districts), it does encourage parental consent. Additionally, current video recordings and photographs assist law enforcement agencies dealing with the Missing Children's Program. I consent to the use of such materials in which my child may appear. I release the staff and volunteers of Our Lady of the Lake Catholic Church and the Roman Catholic Diocese of Dallas from any liability connected with the use of my child's picture or audio/video recording as part of any of the above or similar activities.

Signature of Parent/Guardian/Conservator: _____ Date Signed: _____