

Our Lady Of The Mountains

Catholic Faith Formation 2016-2017 Registration

Office Use Only
Entered: ___/___/___

Family Name: _____ Date: _____
 Parents (Guardians): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Alt Phone: _____
 Email: _____
 Name of Emergency Contact: _____
 Relationship to Parent/Guardian: _____
 Phone Number: _____

Registration Fees
 Pre-K through 6th -
\$75
*Maximum per family -
 \$225.00*
Payable in 3 installments.

Additional Fees
First Communion \$25.00
Confirmation \$50.00

Paid \$ _____
 Check No. _____

PLEASE LIST ALL CHILDREN ENROLLING IN OUR PROGRAM							Check All Sacraments Received				
Name	Gender	Age	Grade	School	Nickname	DOB	Baptism	Location	Penance	Eucharist	Confirmation
	M / F										
	M / F										
	M / F										
	M / F										
	M / F										

**We are required to keep a copy of every child's Baptismal Certificate on file.
 PLEASE BRING IN CERTIFICATES OR COPIES FOR ALL SACRAMENTS RECEIVED AT OTHER PARISHES**

Is this your first year at Our Lady Of The Mountains? Circle One. Yes / No
 If yes, where did your child(ren) attend religious education last year? _____
 My child has not attended any parish classes

Are there any special needs: medical conditions, learning needs, allergies, etc. that we should be aware of for your child's safety or ability to do well in our Catholic Faith Formation classes? Yes ___ No ___
 Please list special needs and the child it pertains to, if more than one is registered, on back.

You are your child's first and most important teacher of our Catholic faith. We would like you to take an active part in our CFF program. Please speak with Linda Hermann to offer your help.

706-253-3079 (CFF Office) 706-692-5184 (Home)

Please check if more children are listed on back

PLEASE LIST YOUNGER CHILDREN IN THE FAMILY							Check All Sacraments Received			
Name	Gender	Age	Grade	School	Nickname	DOB	Baptism	Penance	Eucharist	Confirmation
	M / F									
	M / F									
	M / F									
	M / F									
	M / F									

Please, list special needs and/or allergies of children registered.

_____ Please,
 _____ give names and ages of children younger than 4 in your home.

For school year 2016-2017

Magnifikids is a publication put out monthly to be used as preparation for and during Mass by children **in Grades 1 through 5**. If subscribed to individually it is quite expensive but by ordering in bulk the yearly fee is cut substantially. If you think your child would benefit from this publication, please, check here. **There is no charge.** _____

Occasionally pictures are taken during activities involving our children and teens and some are sent to newspapers or used on our website along with a story about the activity. We are required to have your permission for your child(ren) to be included. If you do not have a problem with this, please, check the following statement giving permission and sign below.

_____ I/We hereby grant permission for pictures of my child(ren) to be used for publication in a newspaper, newsletter, or on the OLM Parish website.

Signature _____

Date _____