

<b>Office Use Only</b>
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**Our Lady of the Lake Parish Community  
Religious Education Registration Form  
2017-2018  
Page 1 of 3**

**Please Print**

Parent Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home (Land Line) \_\_\_\_\_

(Mom) Cell #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

(Dad) Cell #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Best way to contact you during class time: \_\_\_\_\_

**All students are welcome to participate in this program. We are happy to accommodate those students with special needs. We would enjoy an opportunity to talk with you about what works well with your child and to know your wishes regarding preparation for the sacraments.**

<b>Child's Information</b>	<b>Child's Information</b>
Name:	Name:
Nickname:	Nickname:
DOB:	DOB:
M                                  F	M                                  F
School attending in Sept 2017:	School attending in Sept 2017:
School Grade in Sept 2017:	School Grade in Sept 2017:
Medical Issues/Special Needs; What should we be aware of in regards to your child:	Medical Issues/Special Needs; What should we be aware of in regards to your child:
_____	_____
_____	_____
_____	_____

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<b>Circle</b> Sacraments that have been received: Baptism                      Confession First Communion	<b>Circle</b> Sacraments that have been received: Baptism                      Confession First Communion

**Extra room for additional children on page three.**

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**Photo Release**

With my signature, I hereby grant permission to Our Lady of the Lake Parish to publish a photo image of myself or a child in my family. I understand and agree that the use of my child(ren)'s picture is not an invasion of privacy. Neither I nor anyone claiming to be speaking on my behalf will later object to the Parish's use of this/these photographs or videotapes.

\_\_\_\_\_ Date  
Signature of Parent or Legal Guardian

**Medical Consent**

In the event of an illness or injury and I cannot be reached, I/We give permission to transport my child to a hospital for emergency medical treatment. I/We also grant permission to any and all health care providers designated by Our Lady of the Lake staff to provide all children listed above any and all necessary medical care related to the injury or illness. I/We further understand that I/We will be contacted as soon as practical as to the medical emergency and be provided with all necessary information related to the medical emergency.

\_\_\_\_\_ Date  
Signature of Parent or Legal Guardian

**Opt-Out for Diocesan *Touching Safety* Program**

The *Touching Safety* program is a required part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse. All lessons are founded on the principles of appropriate relationship boundaries in the broader context of Christian values. They are age-appropriate and help children and young people develop the vocabulary and boundary distinctions necessary to empower them to begin to recognize inappropriate behavior by others. Please sign below **ONLY IF YOU DO NOT** want your child to participate in these *Touching Safety* lessons.

Name of Child \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Are you a registered parishioner at Our Lady of the Lake Parish?**

\_\_\_\_ Yes      \_\_\_\_ No      \_\_\_\_ Unsure

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**2017-2018**

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<b>Child's Information</b>	<b>Child's Information</b>
Name:	Name:
Nickname:	Nickname:
DOB: M                      F	DOB: M                      F
School attending in Sept 2017:	School attending in Sept 2017:
School Grade in Sept 2017:	School Grade in Sept 2017:
Medical Issues/Special Needs; What should we be aware of in regards to your child: _____ _____ _____	Medical Issues/Special Needs; What should we be aware of in regards to your child: _____ _____ _____

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<b><u>Fee Prior to September 4, 2017</u></b>	<b><u>Fee</u></b>
<b><u>After September 4, 2017</u></b> \$25.00 per child, \$55.00 for 3 or more child, \$60.00 for 3 or more	\$30.00 per
<b><u>Make checks payable to Our Lady of the Lake Parish</u></b>	
Financial assistance is available upon request, contact Father Bob @ 269-699-5870, ext. 124	
Please return the completed form along with the fee in the envelope provided prior to 9/4/17 by mail or bring into the parish office. Office hours are M thru F, 9:00 AM to 2:00 PM. For your convenience, you may also place the completed form and fee in the Sunday collection basket.	
For further questions contact the parish office @ 269-699-5870.	
Visit our web page at <a href="http://www.ourladyedwardsburg.org">www.ourladyedwardsburg.org</a> for additional information.	