

2017~2018

RELIGIOUS EDUCATION PROGRAM REGISTRATION
OUR LADY OF THE LAKE PARISH

1400 Main Street
Leominster, MA 01453~ 6624

Phone: 978-345-7469 ext. 155

FAMILY NAME: _____

FOR OFFICE USE: Date Received: _____ Reg. No.: _____

Data Base: _____ Paid: _____

Cash: _____ Check: _____

Please return completed form with the fee to the address above. If necessary you may REGISTER NOW and pay as you are able. Thank You.

I wish to register my child(ren) in the Religious Education Program at Our Lady of the Lake Parish. I accept the responsibility of ensuring that my child(ren) attends all scheduled classes and is a regular participant in the weekly Mass. Parent/Guardian Signature _____

How do you wish parent's mail to be addressed? NAME: _____

STREET ADDRESS: _____ CITY/ TOWN/ ZIP: _____

TELEPHONE: (____) _____ Unlisted: Yes ____ No ____ E mail address: _____

If separate mailing is needed for non-custodial parent, please list: Name: _____

Address: _____

1. List children from oldest to youngest

2. Circle PS for Parochial School Students and write "will attend" if you would like them placed in a class.

3. What Is Last Grade

COMPLETED as of Aug., 2017:

Child's Full Name:

First

Middle

Last

DOB:

Father's Full Name:

First

Last

Mother's Full Name:

First

Maiden

Last

In Rel. Ed: _____ In School: _____ 1. PS? _____

In Rel. Ed: _____ In School: _____ 2. PS? _____

In Rel. Ed: _____ In School: _____ 3. PS? _____

CLASS DAY PREFERENCE: (please check one) GRADES 1-5: _____ MONDAYS 4:15-5:15 PM OR _____ TUESDAYS 4:15 - 5:15 PM
GRADES 6-7-8: _____ MONDAYS 6:45-8 PM OR _____ TUESDAYS 4:15 - 5:15 PM (limited space)

BEGINNINGS: SUNDAYS 8:30 – 9:30 AM ~ KINDERGARTEN: FIRST SUNDAY/MONTH 9:40 AM ~ HIGH SCHOOL: SUNDAYS 6-9 PM

Are you registering any child for the first time? No / Yes If Yes, list Child's Name & City of Birth: _____

If Yes, Baptismal Certificate must be received by Sept. 1 _____

Please circle payment enclosed and make checks payable to: Our Lady of the Lake Parish Reg. Fees due for Parochial School students in sacramental years only.

REGISTRATION FEE (after May 1st): \$85.00 PER CHILD MAXIMUM OF \$185.00 PER FAMILY KINDERGARTEN: \$20 PER CHILD

DISCOUNTED FEE by May 1st.: \$75.00 PER CHILD MAXIMUM OF \$155.00 PER FAMILY KINDERGARTEN: \$20 PER CHILD

ADDITIONAL DONATION: _____

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EMERGENCY NOTIFICATION INFORMATION:

WHERE CAN YOU BE REACHED DURING CLASS TIME?

_____ Name Phone #

WHO CAN CARE FOR YOUR CHILD IF WE CAN'T REACH YOU?

_____ Name Phone #

CHILD'S PHYSICIAN: Name _____ Phone # _____

I, (print name) _____, parent or official guardian of (child's name) _____ grant/ do not grant permission to Our Lady of the Lake Parish, to take and use: photographs and/or digital images of my child for use in news releases, bulletin boards and our website.
I, (please sign) _____, give permission to have my child participate in sessions during which safe environment/boundary issues will be discussed.

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**HOW CAN YOU HELP? Please try to find at least one way that you can assist. We can't run our program without you!**

**Could you:** Volunteer's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

\_\_\_\_\_ BE AVAILABLE TO BE CALLED OCCASIONALLY TO COME IN DURING THE DAY WHEN WE MIGHT NEED EXTRA HANDS?

\_\_\_\_\_ BAKE \_\_\_\_\_ CALLIGRAPHY \_\_\_\_\_ SERVE COFFEE SHOP (one Sunday/month) \_\_\_\_\_ MAKE PHONE CALLS

\_\_\_\_\_ RETREATS AND EVENTS: \_\_\_\_\_ SET UP HELP \_\_\_\_\_ CLEAN UP HELP (Set up is needed on Wed. or Thurs. days/ Cleanup is right after retreats on Fri. or Sat.)

\_\_\_\_\_ TEACH A CLASS GRADE \_\_\_\_\_ DAY \_\_\_\_\_ MAKE SNOW DAY CANCELLATION PHONE CALLS

\_\_\_\_\_ SUBSTITUTE or \_\_\_\_\_ SERVE AS A HALL MONITOR DURING YOUR CHILD'S CLASS TIME GRADES \_\_\_\_\_ DAY \_\_\_\_\_

\_\_\_\_\_ SERVE AS AN AIDE FOR A CHILD WHO NEEDS HELP IN CLASS GRADES \_\_\_\_\_ DAY \_\_\_\_\_

\_\_\_\_\_ PROVIDE OFFICE HELP: DAY \_\_\_\_\_ TIME \_\_\_\_\_ SERVE ON THE RELIGIOUS ED. COMMISSION (First Tues./month)

\_\_\_\_\_ CHILD CARE (on site, for teachers' small children during class time or one Sunday/month during 9:45 AM Mass) DAY \_\_\_\_\_

\_\_\_\_\_ CHILDREN'S LITURGY OF THE WORD (Sunday mornings during the 9:45 Mass): \_\_\_\_\_ PRESIDER \_\_\_\_\_ ASSISTANT

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HOW CAN WE HELP YOU? PLEASE LIST ALL FOOD ALLERGIES!

IS THERE ANY SPECIAL NEED (LEARNING, SOCIAL, ALLERGIES, HEALTH, ETC..) THAT WE SHOULD BE AWARE OF, SO THAT WE CAN BEST SERVE YOUR CHILD(REN)?

