

Our Lady of the Lake Catholic Parish

2019-20 Faith Formation Registration
Birth – 12th Grade

Office Use:

FF Reg. Date: _____
Parish Reg. Date: _____
Family ID#: _____
Invoice #: _____
Receipt #: _____
Reviewed by: _____

FAMILY INFORMATION – Part 1

Family Last Name: _____

Name of Legal Parent/Guardian: _____
Last First Middle

SPOUSE Name of Parent/Guardian: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Father Phone #: _____ Mother Phone #: _____

Father Email: _____ Mother Email: _____

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 spoken in the home? (circle one)

English Spanish Both Other: _____

EMERGENCY CONTACT:

Name: _____ Mobile Phone: _____

Relationship to Student: _____

STUDENT INFORMATION – Part 2

Student Name: _____
Last First Middle Nickname

Date of Birth: _____

Student Ethnicity: (circle one)

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

Has this student received the Sacrament of (check yes or no):

Baptism: Yes _____ No _____

Name of Church of Baptism: _____ Baptism 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 Parish 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 Parish 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.

I, _____ declare that I have the legal authority to arrange for the sacramental and spiritual needs of (child's name) _____.

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

EARLY CHILDHOOD MINISTRY

REGISTRATION/PAYMENT-PART 3

- The family fee of \$40 includes the supplies for your family throughout the year.
- 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	Sunday 3:00-4:00 pm	Monday 9:30-10:45am	Monday 4:15-5:30 pm	Tuesday 9:30-10:45am	Tuesday 4:15-5:30 pm
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Student #1 _____
 Last Name First Name Middle Name age (As of 9/1/19)

Student #2 _____
 Last Name First Name Middle Name age (As of 9/1/19)

Student #3 _____
 Last Name First Name Middle Name age (As of 9/1/19)

Student #4 _____
 Last Name First Name Middle Name age (As of 9/1/19)

Student #5 _____
 Last Name First Name Middle Name age (As of 9/1/19)

In order for us to plan appropriately, please note if you're expecting a new addition to your family this school year.
 _____ (due date)

Family Session Day/Time _____

Family Registration Cost:	
April 14-June 13	\$40
August 5 th or after	\$80

<i>Office Use</i>
Receipt #:

2019-20 PROGRAM COST	COST	TOTAL
Program Registration Cost per Family:		
Non-Registered Parishioner Fee (per family):	\$100.00	
Total due:		

Signature of Parent/Guardian/Conservator _____ Date _____