

Our Lady of the Lake Catholic Parish

Faith Formation Registration

Birth – 12th Grade

Office Use:

Registration Date: _____

Family ID #: _____

Invoice #: _____

Receipt #: _____

Reviewed by: _____

FAMILY INFORMATION – PART ONE

Family Last Name: _____

Name of Parent/Guardian: _____
Last First Middle

SPOUSE Name of Parent/Guardian: _____
Last First Middle

Address: _____

City: _____ Zip: _____ County: _____

Father Phone #: _____ Mother Phone #: _____

Father Email: _____ Mother Email: _____

Date of Our Lady of the Lake Parish registration? _____

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 DURING CLASS HOURS:

Name: _____ Mobile Phone: _____

Relationship to Student: _____

STUDENT INFORMATION – PART 2

(One Page per Student)

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: _____

School Name: _____ Grade (as of 9/1/19): _____

Has this student received the Sacrament of:

Baptism: Yes _____ No _____

First Communion: Yes _____ No _____

Confirmation: Yes _____ No _____

Baptism Place: _____ Baptism Date: _____

At the time of registration, the Office of Youth Ministry must have a newly issued Certificate of Baptism (dated within last six months) on file for every sacramental prep student OR verify through church office if the baptism was received at Our Lady of the Lake.

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 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.

Signature of Parent/Guardian/Conservator: _____

Date Signed: _____

Youth Ministry - REGISTRATION/PAYMENT

- All Sacramental Preparation is a continuous two-year process. An additional **\$183 Confirmation Retreat Registration** applies for all students registered for his/her second year of Confirmation Preparation.
- **All payments are non-refundable, and must be paid in full at time of registration.** (Checks, cash or credit cards accepted)

Session Days/Times

Session	Confirmation First Year	Confirmation First Year	Confirmation Second Year	Confirmation Second Year	Youth Group 9-12 th grade
Day & Time	Wednesday 6:30-8:00pm	Sunday 3:15-4:45pm	Wednesday 6:30-8:00pm	Sunday 3:15-4:45pm	Sunday 6:00-7:30pm

Student #1 _____
Last Name
First Name
Middle Name
Grade in school (As of 9/1/19)

Session Day/Time _____

Are you registering this child for his/her second year of Sacramental Preparation? Yes No

Registration Cost:	
Apr 10 - June 13	\$65
Aug 5 or later	\$100

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

Session Day/Time _____

Are you registering this child for his/her second year of Sacramental Preparation? Yes No

Registration Cost:	
Apr 10 - June 13	\$65
Aug 5 or later	\$100

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

Session Day/Time _____

Are you registering this child for his/her second year of Sacramental Preparation? Yes No

Registration Cost:	
Apr 10 - June 13	\$65
Aug 5 or later	\$100

Office Use
Payment Type:
Receipt #:
Invoice #:

2019-20 PROGRAM COST	Cost	#	Total
Program Registration Cost (<i>per Student</i>):			
Confirmation Retreat Registration (<i>2nd year students only</i>):	\$183.00		
Non-Registered Parishioner fee (<i>Per Family</i>):	\$100.00		

Total Due: _____

Signature of Parent/Guardian/Conservator _____ Date _____