

# 2021-2022 OLA Faith Formation Registration

Our Lady of the Assumption Church 5057 Cottage Way Carmichael, CA 95608

Office Tel# 916-488-4626 Email: [faithformation@olaparish.net](mailto:faithformation@olaparish.net)

PLEASE RETURN TO THE ABOVE ADDRESS ASAP or BRING BY THE PARISH OFFICE

**PLEASE PRINT IN BLOCK LETTERS NEATLY.**

## FAMILY INFORMATION

If you are not registered as a parishioner please call the parish office at 481-5115.

Father's Name:		Mother's Name:	
Mailing Address:		Mailing Address:	
City:	Zip Code:	City:	Zip Code:
Phone#: (     ) - <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> work		Phone#: (     ) - <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> work	
Phone #: (     ) - <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Phone#: (     ) - <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> work	
Email Address:		Email Address:	

**Please print email very carefully.**

## STUDENT INFORMATION

Grade 2021- 2022	Child's Name	Check Sacraments each child has ALREADY received:		
		Baptism	Reconciliation	Eucharist
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* **IF YOUR CHILD WILL BE RECEIVING SACRAMENTS THIS YEAR, PLEASE ATTACH A COPY OF HIS/HER BAPTISMAL CERTIFICATE TO THIS FORM.**

\* **If your child is in Grade 3 or above and has not received First Reconciliation or First Eucharist, please check here:**

I COMMIT TO BRINGING MY CHILD TO MASS ON A REGULAR BASIS TO SUPPORT OUR TEACHERS AND THIS PROGRAM  
PARENT SIGNATURE:

MINISTRIES INVOLVED IN OR AREAS OF INTEREST:

**CLASS INFORMATION - ALL CLASSES ARE HELD ON SUNDAY, (FOLLOWING THE 9:00AM MASS) BEGINNING AT 10:15AM AND ENDING AT 11:15AM.**

## FEE INFORMATION

# of children	Fee	
1	60.00	
2	80.00	
3 or more	100.00	

\* **ADDITIONAL SACRAMENT PREPARATION FEE -**  
First Reconciliation/First Eucharist (entering 2nd graders or above):  
Confirmation (entering 8th graders):

**\$40.00 per student**  
**\$50.00 per student**

Received \_\_\_\_\_

Registered            Y or N

Fee Pd                    \_\_\_\_\_

Check#                    \_\_\_\_\_

Rec./Euc. Fee            Y or N

Confirmation Fee        Y or N

Our Lady of the Assumption Parish Faith Formation Program  
Emergency Contact Form

PLEASE PRINT

DATE: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical condition, problems or food allergies for this child:

\_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Medical condition,

problems or food allergies for this child:

\_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical condition, problems or food allergies for this child:

\_\_\_\_\_

Contact Information

Name of person to notify in case of an emergency: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Where will this person usually be during Faith Formation Classes? \_\_\_\_\_ (Home, office, car waiting, specify other) None of another responsible adult we may contact: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Where will this person usually be during Faith Formation Classes? \_\_\_\_\_ (Home, office, car waiting, specify other)

Authorization of Consent for Treatment of a Minor

In the event of a serious emergency and none of the persons listed on this form can be contacted, I authorize Faith Formation officials to call my family physician, or if the situation demands, to transfer my child to the nearest hospital for emergency care. I consent for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment which is deemed advisable by and rendered under the general or supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act whether such diagnosis or treatment is rendered at the physician's office or at a certified hospital.

I hereby agree to bear all costs incurred as a result of the foregoing.

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

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Physician's name and phone# \_\_\_\_\_ If your physician cannot be reached, he

Faith Formation Program may choose a physician:  Yes  No

If "NO" is checked, indicate what is to be done in case of an accident or emergency:

Signature: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Date: \_\_\_\_\_

OUR LADY OF THE ASSUMPTION PARISH  
FAITH FORMATION PROGRAM

Sign-In/Sign-Out Authorization

DATE: \_\_\_\_\_

PLEASE PRINT:

I, \_\_\_\_\_, allow my child(ren) listed below to be signed-in  
and/or signed-out by the following adults other than myself and/or my spouse:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child(ren)'s names:

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

Our Lady of the Assumption Parish  
Children's • **Faith Formation Program**

Pg 4 of 4

DATE: \_\_\_\_\_

Volunteer Sign-up

When we are baptized as Catholics, we are called to share our faith. We invite you to respond to that call in a formal way by teaching children about God's love for us or in an informal way through a variety of supportive activities. Your help is needed, welcome and very much appreciated. Thank you for considering where you can share your time and/or talents.

**I can help with the following: (check circle all that apply):**

**Co-Catechist (Goal is to have 2 catechists per class to share the commitment)**

**A Co-Catechist share the responsibility of teaching a particular class with another co-catechist. Support is available; the Catechists Manuals are excellent.**

**Please indicate grade choice (Kindergarten through 8<sup>th</sup> grade): \_\_\_\_\_**

**Substitute Catechist**

**Aide in Classroom (grades K-6). Please indicate grade choice: \_\_\_\_\_**

**Help with Special Events; i.e., occasional Masses, receptions for First Eucharist and Confirmation**

**Help with Christmas Eve Programs**

**Bake Sale at Santa's Breakfast (in December).**

**Room Parent (I would like to have a Room Mother/Father for each grade).**

---

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

For questions please contact Joan Cotton, Faith Formation Director at 916-488-4626 or  
faithformation@olaparish.net