

2018-2019 Catholic Faith Formation Registration

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

Office Tel# 916-488-4626 Email: 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 a registered parishioner of Our Lady of the Assumption parish, 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:	

STUDENT INFORMATION

Grade 2018- 2019	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 9:30AM)
 BEGINNING AT 10:45AM AND ENDING AT 12:00 NOON**

**FEE INFORMATION - PLEASE INCLUDE WITH FORM OR YOU WILL BE BILLED
 DURING THE MONTH OF AUGUST.**

# of children	Fee	
1	90.00	
2	120.00	
3 or more	150.00	

*** ADDITIONAL SACRAMENT PREPARATION FEE -**

First Reconciliation/First Eucharist (entering 2nd graders or above):

Confirmation (entering 8th graders):

\$30.00 per student

\$30.00 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)

Name 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 understand that the Our Lady of the Assumption Parish Faith Formation Program does not assume responsibility for payment of medical treatment.

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, the 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 _____

_____ Grade _____

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

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 all that apply):

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

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

Please indicate grade choice (Kindergarten through 8th grade): _____

Substitute Catechist

Aide in Classroom (grades K-6). Please indicate grade choice: _____

Help with **Special Events** such as occasional Masses, receptions for First Eucharist and Confirmation

Help with **Christmas Eve Program** at 4:00 and 6:00 pm Masses

Bake Sale at Santa's Breakfast (in December) Proceeds will be allocated to registration fees for the diocesan Confirmation Rally for Confirmation candidates. Bakers and cashiers needed.

Chaperone Confirmation Rally

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 Code: _____

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