

Our Lady of the Sacred Heart Parish REGISTRATION FORM 2017-2018

Student Information:

NAME: _____

Address: _____

Date of Birth: _____

Gender: _____

Any Special Medical Conditions/Health/Other Important Remarks: _____

Baptism: (We must have the child's baptism certificate on file in our school. If this is the first time registering your child with us, please provide a copy of the certificate or, if they were baptized at OLSH, provide the date.)

Place: _____

Date: _____

First Communion: (If the child is registering for Grade 3 or over, we will need a copy of the First Communion Certificate or, if they received the sacrament at OLSH, provide the date.)

Place: _____

Date: _____

Currently attends religion class on: Sunday Monday Tuesday Wednesday

Current Grade Level: _____

Religion Class Choice for School Year 2017 - 2018

Please circle both a 1st Choice and 2nd Choice: It is important to provide us with a second choice as we may need to adjust our classes depending on the enrollment of students. We cannot have classes that are too large or too small.

Sundays: 9:00 – 10:15 am for Grades K – 8

Mondays: 6:00 – 7:15 pm for Grades 6 – 8

Tuesdays: 4:30 – 5:45 pm for Grades 1 – 6

Tuesdays: 6:00 – 7:15 pm for Grades 7 – 8

Wednesdays: 4:30 – 5:45 pm for Grades 1 – 8

Religion Grade for the 2017-2018 School Year: _____

1st Choice: Sunday Monday Tuesday (early) Tuesday (late) Wednesday

2nd Choice: Sunday Monday Tuesday (early) Tuesday (late) Wednesday

Are you registering this child for a grade different than the grade the child will attend in public school? If yes, please explain why. _____

Family Information:

Family Status: _____ (married, separated, etc. Provide any important information such as custodial issues, etc.)

Father's Name: _____ Mother's Name: _____

Maiden Name: _____

Contact Information:

Phone Numbers: (please provide us with all/any phone numbers we may use to contact you)

_____ (cell/home/work – Mom or Dad or other _____)

_____ (cell/home/work – Mom or Dad or other _____)

Please check if you DO NOT want your contact information provided to your child's class in the form of a class contact list

EMAIL:

(IMPORTANT: This must be the parent's email address as this is our primary means of communication to families throughout the year. Without email you will need to pay close attention to the school calendar and the Church bulletin for reminders regarding school events.)

Emergency Contact: Pls provide contact info that we can use during the time your child is in religion class

Doctor's Name: _____ Emergency Contact: _____

Doctor's Phone: _____ Phone Number: _____

In case of illness or accident, I request that a representative of OLSH Religious Education Program contact me at the numbers above. If I am unable to be reached, I hereby authorize this representative to call the emergency contact person and/or the physician indicated and follow the physician's instructions to the best of their ability. If it is not possible to contact this physician at the number above or if the situation is a time-sensitive emergency, the representative of OLSH Religious Education Program may make whatever arrangements they feel are necessary. I agree to hold OLSH and its representatives harmless in all related matters and to assume all responsibility (both financial and otherwise) for any diagnosis, treatment and/or medication deemed necessary.

Please return this form to the Religious Education Department along with tuition as follows:

- \$130 for one child (\$60 if only Kindergarten)
- \$180 for 2 children
- \$210 for 3 children
- \$250 for 4 or more children
- Sacramental Fee for First Holy Communion and Confirmation: \$80 for each student (\$120 for twins)

Late fee: \$50 will apply ON or AFTER April 20th then \$75 will apply ON or AFTER June 20th.

Credit Cards: Will be accepted in Pastoral Center only and will incur a small processing fee

*****IMPORTANT***** Occasionally during the school year the children will be celebrating a special feast day or holy day. Please indicate below if you do NOT want your child to participate in these celebrations **AND/OR** if there is any **food allergies/health concerns** we need to know about. (Parents may be asked to provide snacks for these special situations.) _____

I would like to offer my assistance in the following areas:

___ Catechist (teacher): please specify day and grade

___ Catechist assistant: please specify day and grade

___ Office worker: (Help with attendance, monitoring the halls, and when catechist is absent): please specify day

___ Helper at our Teaching Masses or Special Events (Family Fun Night, Christmas Pageant, etc.)

To the best of my knowledge all information given is accurate and complete. I hereby consent to and authorize the procedures stated above AND that are in the Parent Handbook (available online).

Sign _____ Date _____