



R.E. Office Use
 PAYMENT METHOD
 CHECK _____
 CASH _____
 Initials of Recipient

PROGRAM FEE BEFORE JULY 12th RELIGIOUS EDUCATION
 1 Child \$55 / 2nd Child \$95 / 3+ \$125 / First Holy Communion add \$15.
PROGRAM FEE AFTER JULY 12th RELIGIOUS EDUCATION
 1 Child \$65 / 2nd Child \$110 / 3+ \$140 First Holy Communion add \$20.

STUDENT(S) INFORMATION
 (ALL QUESTIONS MUST BE COMPLETED)

- * Are you and your childre registered parishoners at Our Lady Star of the Sea YES NO
- * Is your child new to Our Lady Star of the Sea Religious Education Program YES NO
- * Child(ren) primary residency is with _____ Both Parents _____ Father _____ Mother _____ Other
- * Are any of the children (over the age 7) who have not been Baptized or received 1st Penance or 1st Holy Communion YES NO
- * If you checked "YES" above, please specify sacrament(s) _____

A copy of your child's Baptismal certificate is required, especially for children preparing for 1st Holy Communion and Confiramtion. If you have not already done so, please provide a copy before Religious Education begins.

CHILDS FULL NAME (PLEASE INCLUDE NICKNAMES)	SEX	D.O.B.	FALL GRADE	Received Baptism	Received 1st Holy Communion	Is your child in need of any sacraments?	THIS AREA MUST BE COMPLETED. If you child was Baptized at OLSS, a date is needed. Date and Parish your child was Baptized.	MEDICAL OR LEARNING NEEDS
	M F			YES NO	YES NO	YES / NO		YES / NO
	M F			YES NO	YES NO	YES / NO		YES / NO
	M F			YES NO	YES NO	YES / NO		YES / NO

FAMILY AND EMERGENCY CONTACT INFORMATION

Responsible Parent/ Guardian Contact Information
 (All emails, letters and notifications will be directed to responsible party)

PARENTS ARE : MARRIED DIVORCED SEPERATED

Name(s) of responsible Parent(s)/Guardians

 Mother's Best Contact Number

 Mother's Religion

 Father's Best Contact Number

 Father's Religion

 STREET CITY STATE ZIP CODE

BEST CHECKED EMAI(S):

 EMERGENCY CONTACT NAME: RELATIONSHIP CONTACT NO.

BACK SIDE OF FORM MUST BE COMPLETED

DETAILED STUDENT INFORMATION

NOTE: the following information helps us with ADW Child Assessment as well as providing the best teaching methods possible. This information will be kept confidential.

1st Child's Name (include nickname/called name): _____

Please list any medical issues or learning challenges that the catechist needs to be aware of (ADHD, OCD, Vision.): _____

Does your child have any food allergies? YES NO If YES please list all allergies: _____

2nd Child's Name (include nickname/called name): _____

Please list any medical issues or learning challenges that the catechist needs to be aware of (ADHD, OCD, Vision.): _____

Does your child have any food allergies? YES NO If YES please list all allergies: _____

3rd Child's Name (include nickname/called name): _____

Please list any medical issues or learning challenges that the catechist needs to be aware of (ADHD, OCD, Vision.): _____

Does your child have any food allergies? YES NO If YES please list all allergies: _____

OLSS RELIGIOUS EDUCATION 2017-18 RELEASE FORM

PHOTO & LABILITY RELEASE AGREEMENT:

I _____ GIVE Our Lady Star to the Sea (OLSS) permission to take photos and videos of my child/ren _____ that are related to OLSS Faith Formation and post them on the OLSS Faith Formation Website. I fully understand that Faith Formation provides a safe environment for my children to grow in their faith and relationship with Christ. _____ (parent initial)

OR

I, _____ DO NOT give Our Lady Star of the Sea permission to use photos and videos of my child/ren _____.

MEDICAL TREATMENT RELEASE As a parent/legal guardian, I _____ hereby authorize first aid/medical treatment of my child in the event of an emergency which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to reach parent as soon as reasonably possible. In the event that the aforementioned required my authorization for treatment and I cannot be reached in an emergency, I _____ hereby give my permission to the physician selected by the activity leader to hospitalize, secure medical treatment, and/or order an injection, anesthesia or surgery for the aforementioned as deemed necessary. I understand that all reasonable safety precautions will be taken at all times by the parish and its agents during faith formation programs. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Our Lady Star of the Sea Parish, its Catechists, employees, volunteers, or the Roman Catholic Diocese of Washington D.C liable for damages, losses, diseases, or injuries incurred by the aforementioned.

We will make every effort to contact parents/guardians in case of class changes or cancellations due to weather, please provide best email.

Required forms for Sacraments and class status are posted of the Faith Formation website olssfaithformation@weebly.com