

Our Lady Of The Mountains

Catholic Faith Formation 2008-2009 Registration

Office Use Only

Entered: ___/___/___

Date: _____ Family Name: _____

Parents (Guardians): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alt Phone: _____

Email: _____

—

Emergency Contact: _____

Relationship to

Parent/Guardian

Registration Fees

Pre-School through 8th - \$25
 9th through 12th grades - \$35
Maximum per family - \$105

Paid \$ _____
 Check No. _____

I prefer 9:00-10:10 class time
 10:30-11:40 class time

Please circle one

PLEASE LIST ALL CHILDREN ENROLLING IN OUR PROGRAM							Check All Sacraments Received				
Name	Gender	Age	Grade	School	Nickname	DOB	Baptism	Location	Penance	Eucharist	Confirmation
Phone Number:	M / F										
	M / F										
	M / F										
	M / F										
	M / F										

We are required to keep a copy of every child's Baptismal Certificate on file.

PLEASE BRING IN CERTIFICATES OR COPIES FOR ALL SACRAMENTS RECEIVED AT OTHER PARISHES

Is this your first year at Our Lady Of The Mountains? Circle One. Yes / No

If yes, where did your child(ren) attend religious education last year? _____

Are there any special needs: medical conditions, learning needs, allergies, etc. that we should be aware of for you're your child's safety or ability to do well in our Catholic Faith Formation classes? Please list below.

PLEASE LIST OTHER CHILDREN IN THE FAMILY							Check All Sacraments Received			
Name	Gender	Age	Grade	School	Nickname	DOB	Baptism	Penance	Eucharist	Confirmation
	M / F									
	M / F									
	M / F									

♥ You are your child's first and most important teacher of our Catholic faith. We would like you to take an active part in our CFF program. Please speak with Linda Hermann to offer your help. 706-692-5184