



*Our Lady of the Rosary Church*

Department of Faith Formation

703 "C" Street, Union City, CA 94587-2195

(510) 471-7419 • Fax: (510) 471-4601 • dmarquez@olrchurch.org

**FAITH FORMATION PROGRAM REGISTRATION FORM  
2017 - 2018 SCHOOL YEAR**

**FAMILY INFORMATION**

**PARENT/GUARDIAN 1**

NAME \_\_\_\_\_  
Last First Middle

PHONE (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Cell Work

E-MAIL \_\_\_\_\_

SACRAMENTS RECEIVED:  Baptism;  Reconciliation;  First Communion;  Confirmation

**PARENT/GUARDIAN 2**

NAME \_\_\_\_\_  
Last First Middle

PHONE (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Cell Work

E-MAIL \_\_\_\_\_

SACRAMENTS RECEIVED:  Baptism;  Reconciliation;  First Communion;  Confirmation

**OTHER INFORMATION**

ADDRESS \_\_\_\_\_  
Number, Street, Apt. #

\_\_\_\_\_  
City Zip Code

REGISTERED OLR PARISHIONER:  Yes: Membership Number \_\_\_\_\_;  No: Complete form

PREFERRED METHOD OF CONTACT:  Text;  Phone;  E-Mail

**EMERGENCY CONTACT INFORMATION**

In the event of an emergency, please contact the following person if you are unable to reach me:

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

**STUDENT INFORMATION**

**STUDENT 1**

NAME \_\_\_\_\_  
Last First Middle

GENDER:  Male;  Female; DATE OF BIRTH: \_\_\_\_\_ GRADE IN SCHOOL: \_\_\_\_\_

IS THIS THE FIRST YEAR THIS STUDENT IS IN A FAITH FORMATION PROGRAM?  Yes;  No  
If "NO," when and where did the student attend? \_\_\_\_\_

IS THIS STUDENT IN ANY KIND OF SPECIAL EDUCATION CLASS IN THE SCHOOL DISTRICT?  Yes;  No

SACRAMENTS RECEIVED:  Baptism;  Reconciliation;  First Communion;  Confirmation

MEDICAL CONDITIONS/ALLERGIES \_\_\_\_\_

HEALTH INSURANCE \_\_\_\_\_  
Plan Name/Location Policy/Medical Record #

**STUDENT 2**

NAME \_\_\_\_\_  
Last First Middle

GENDER:  Male;  Female; DATE OF BIRTH: \_\_\_\_\_ GRADE IN SCHOOL: \_\_\_\_\_

IS THIS THE FIRST YEAR THIS STUDENT IS IN A FAITH FORMATION PROGRAM?  Yes;  No  
If "NO," when and where did the student attend? \_\_\_\_\_

IS THIS STUDENT IN ANY KIND OF SPECIAL EDUCATION CLASS IN THE SCHOOL DISTRICT?  Yes;  No

SACRAMENTS RECEIVED:  Baptism;  Reconciliation;  First Communion;  Confirmation

MEDICAL CONDITIONS/ALLERGIES \_\_\_\_\_

HEALTH INSURANCE \_\_\_\_\_  
Plan Name/Location Policy/Medical Record #

**STUDENT 3**

NAME \_\_\_\_\_  
Last First Middle

GENDER:  Male;  Female; DATE OF BIRTH: \_\_\_\_\_ GRADE IN SCHOOL: \_\_\_\_\_

IS THIS THE FIRST YEAR THIS STUDENT IS IN A FAITH FORMATION PROGRAM?  Yes;  No  
If "NO," when and where did the student attend? \_\_\_\_\_

IS THIS STUDENT IN ANY KIND OF SPECIAL EDUCATION CLASS IN THE SCHOOL DISTRICT?  Yes;  No

SACRAMENTS RECEIVED:  Baptism;  Reconciliation;  First Communion;  Confirmation

MEDICAL CONDITIONS/ALLERGIES \_\_\_\_\_

HEALTH INSURANCE \_\_\_\_\_  
Plan Name/Location Policy/Medical Record #

**STUDENT 4**

NAME \_\_\_\_\_  
Last First Middle

GENDER:  Male;  Female; DATE OF BIRTH: \_\_\_\_\_ GRADE IN SCHOOL: \_\_\_\_\_

IS THIS THE FIRST YEAR THIS STUDENT IS IN A FAITH FORMATION PROGRAM?  Yes;  No  
If "NO," when and where did the student attend? \_\_\_\_\_

IS THIS STUDENT IN ANY KIND OF SPECIAL EDUCATION CLASS IN THE SCHOOL DISTRICT?  Yes;  No

SACRAMENTS RECEIVED:  Baptism;  Reconciliation;  First Communion;  Confirmation

MEDICAL CONDITIONS/ALLERGIES \_\_\_\_\_

HEALTH INSURANCE \_\_\_\_\_  
Plan Name/Location Policy/Medical Record #

**PARENT/GUARDIAN AGREEMENT**

In signing below, I/we agree to the following:

**ENROLLMENT CONDITIONS:**

- I/we hereby enroll my/our child(ren) named on the previous page into a program or programs of the Department of Formation at Our Lady of the Rosary Church for the 2017-2018 school year, and hereby give my/our permission for our child(ren) to participate in the program(s).
- I/we agree to direct my/our child(ren) to cooperate and conform with the directions and instructions of the Faith Formation personnel and volunteers responsible for religious activities.
- I/we agree to pay tuition in the amount of \$\_\_\_\_\_ (To be filled in by parish staff), not including other fees related to Sacramental or Confirmation programs.

**PARISH SUPPORT ITEMS:**

- I/we will buy or sell 25 tickets for the Parish Fall Festival Raffle at \$2.00 each, and turn in the ticket stubs and money by October 1, 2017.
- I/we will perform a total of 20 hours of Community Service Hours at Our Lady of the Rosary parish.
- Each Formation Program/Class will be asked to help run a Festival Game Booth—hours worked will go towards the 20 hours.
- Each participant in the Youth Program will perform an additional 20 hours of Community Service.
- Each participant in the Confirmation Program will perform an additional 40 hours of Community Service.

**STUDENT ATTENDANCE CONDITIONS:**

- I/we agree that each of the students enrolled will not miss more than three (3) classes or sessions, or I/we agree to perform an additional five (5) Community Service Hours for each student enrolled who does not meet the minimum attendance requirement.

**HEALTH AUTHORIZATION:**

I/we agree that in the event my/our child(ren) is/are injured as a result of his/her/their participation in Faith Formation activities, including transportation to and from these activities, whether or not caused by the negligence of the parish/school Faith Formation program, or any of its agents or employees, recourse for the payment of any resulting hospital, medial or related costs and expenses will first be had against any accident, hospital or medial insurance, or any available benefit of mine/ours. In the event we cannot be reached in an emergency, I/we hereby give permission for the Director of Formation or a designated adult person appointed by the Director to authorize by his/her signature whatever medical treatment may be considered necessary for my/our child(ren) by the attending physician.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE USE ONLY**

Student	Program Enrolled In					Class Code	Day of Class	Student Program Fees
	CCD	SAC:	1stCom	1stRec	Youth			
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

**Family Tuition:** \_\_\_\_\_

Festival Raffle Tickets: # \_\_\_\_\_ to # \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_

**Tuition Payments:**

- 1: Amount \_\_\_\_\_ Date \_\_\_\_\_ Balance \_\_\_\_\_ Receipt # \_\_\_\_\_
- 2: Amount \_\_\_\_\_ Date \_\_\_\_\_ Balance \_\_\_\_\_ Receipt # \_\_\_\_\_
- 3: Amount \_\_\_\_\_ Date \_\_\_\_\_ Balance \_\_\_\_\_ Receipt # \_\_\_\_\_
- 4: Amount \_\_\_\_\_ Date \_\_\_\_\_ Balance \_\_\_\_\_ Receipt # \_\_\_\_\_