



Our Lady of Peace  
CHURCH

## 2019-20 FAITH FORMATION REGISTRATION FORM CONFIRMATION

Office use only  
Posted ( )  
Photo Rel (Y) (N)

FAMILY LAST NAME \_\_\_\_\_

Student Name Student cell phone number Student email	Gender	Birth Date	Grade In Fall	School Attending In Fall
(1)				
(2)				

### **Parent Information:**

Student(s) lives(live) with: ( ) Both parents ( ) Both parents—shared custody  
( ) Father ( ) Mother

Provide information for custodial parents. If parents live together write "same" for address & home phone. If child(ren) does(do) not live with both parents does non-custodial parent have permission to pick up the child(ren) from Faith Formation functions? ( ) Yes ( ) No

Mother \_\_\_\_\_

Father \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ ( )

Home Phone \_\_\_\_\_ ( )

Cell Phone \_\_\_\_\_ ( )

Cell Phone \_\_\_\_\_ ( )

Indicate by checkmark preferred phone for contact during Faith Formation class

E-Mail \_\_\_\_\_

List as many email addresses as necessary

Should non-custodial parent receive all mailings from the Faith Formation Office? ( ) Yes ( ) No  
If yes, provide name and address. \_\_\_\_\_

\_\_\_\_\_

Parish to which you belong: ( ) OLP ( ) Other please list \_\_\_\_\_

Any immediate family members not Catholic? For information on becoming Catholic please contact the Faith Formation office at 838-9983 or tammie.mang@olp.org

**EMERGENCY CONTACT INFORMATION:**

If parent cannot be reached during Faith Formation class please call:

First & Last Name	Relationship	Home Phone	Cell Phone
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Please detail any special information or health problems regarding each student registering. This would include physical needs, learning needs, reading or writing difficulties, allergies (drugs, food, environment, etc.) or special circumstances at home or school. This information will be kept confidential; it is for Faith Formation use only. Attach a second sheet if needed.

Student's name \_\_\_\_\_

Describe any physical needs that impact learning: \_\_\_\_\_

\_\_\_\_\_

Please list allergies: \_\_\_\_\_

Please list medications taken regularly: \_\_\_\_\_

Other information the Catechist should be aware of \_\_\_\_\_

\_\_\_\_\_

Other information the Catechist should be aware of \_\_\_\_\_

I, \_\_\_\_\_, parent of \_\_\_\_\_  
print parent name print child's name

**give permission for my child's facilitator to contact my child by phone or text between the hours of 8 am and 8 pm regarding Confirmation program information.**

Parent signature \_\_\_\_\_

\_\_\_\_\_

**TO REGISTER FOR THE CONFIRMATION PREPARATION PROGRAM:**

- 1. The family must be registered parishioners of Our Lady of Peace Church**
- 2. The student must have completed Grades 9 & 10 of our Religious Education program OR have been enrolled in a Catholic high school**
- 3. The program fee of \$40.00 per candidate must be paid by August 1. Make checks payable to "OLP"**

\_\_\_\_\_

**Office use only**

			\$_____ Amt Due
Date Registered_____	Cash ( )	Check ( )	Ck #_____
			\$_____ Amt Paid
Date paid _____	Cash ( )	Check ( )	Ck #_____
			\$_____ Bal Due