



RELIGIOUS EDUCATION REGISTRATION

Our Lady of Sorrows Catholic Church

2020 / 2021 Academic Year



Family Name: _____
(The name your family is registered under the parish's records)

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____

Mailing Address: _____

Phone Number: (_____) _____

E-mail: _____ @ _____

Are you registered parishioners of Our Lady of Sorrows? Yes No

Was your child in Religious Education last year? Yes No

Where? _____

Child's Legal Name	Date of Birth	M or F	Grade	School Attends

Please mark below if your child needs to receive one of the following First Sacraments.

Child's Name	Baptism	First Communion	Confirmation

FEE SCHEDULE

	Registered Parishioner	Non-parishioner
Per Child.....	\$35.00	\$45.00
*First Communion Child	\$45.00	\$60.00
*Confirmation Child	\$50.00	\$75.00

***Copy of Baptismal certificate is required by January 1, 2021**

THE FOLLOWING INFORMATION MUST BE COMPLETED FOR EACH CHILD

Please note any injuries, recent surgeries, prolonged illnesses, current medications, or special health problems that would help emergency personnel care for your child in an emergency, or which may require special attention.

Child's Name	Food, Drug, or Other Allergies:	Medication during Class (Yes or No)	If yes, state name, dosage, and reason for the drug

In case of illness, accident, or emergency to the student(s) above, Our Lady of Sorrows Parish and the Archdiocese of Portland, in Oregon, and its representatives are authorized to proceed as indicated below.

Please thoroughly complete the following information in the order of desired action you wish us to take.

Primary Contact _____ Phone: _____

Second Contact _____ Phone: _____

Third Contact _____ Phone: _____

Family Physician _____ Phone: _____

Name of Medical Insurance Company _____

Group Number _____ ID Number _____

I authorize Our Lady of Sorrows Parish and the Archdiocese of Portland, in Oregon, and its representatives to use their judgment in emergency care and procedures for my child. I also understand and agree that Our Lady of Sorrows and the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Signature _____ Date _____
Parent/Guardian

I authorize the use of any pictures taken of my child/children participating in parish activities on the parish website (www.olspx.org). I also understand that my contact information may be shared with my child's catechist.

Signature _____ Date _____
Parent/Guardian