



*Our Lady of Lourdes Catholic Church*

**Family Faith Formation Registration**

**First Grade through 12th**

**(ONE FORM PER FAMILY)**

For Office Use Only
Parish ID _____

I received from the Lord what I also handed on to you.

Today's Date: \_\_\_\_\_ Family email address: \_\_\_\_\_

Parents'/Guardians' Names in FULL:

Father (Last name, first name, middle Initial) : \_\_\_\_\_

Father Phone Number (s) (home): \_\_\_\_\_ (cell): \_\_\_\_\_ (work): \_\_\_\_\_

Mother (Last name, first name, middle Initial) : \_\_\_\_\_

Mother Phone Number (s) (home): \_\_\_\_\_ (cell): \_\_\_\_\_ (work): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  

Street
City
State
Zip:

Name: (PLEASE INCLUDE LAST NAME, IF DIFFERENT)	Sex	Date of Birth	2020--2021 School Grade	Is this child baptized?	If yes, which Denomination	Sacraments Needed this year
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Eucharist

**Session Times**

- Grades 1st —5th: Wednesdays, 6:00pm to 7:15 pm
- Grades 6th—8th: Wednesdays, 6:00pm to 7:30 pm
- Grades 9th—12th: Wednesdays, 6:00pm to 7:30 pm
- Adults Breaking Open the Word: Wednesdays, 6:00 pm to 7:15 pm

**Family Faith Formation Fee**

\$25.00 per child supply/book fee x \_\_\_\_\_ child(ren) = \$ \_\_\_\_\_  
 \$30.00 sacrament textbooks fee x \_\_\_\_\_ child(ren) = \$ \_\_\_\_\_  
 (To be eligible for First Eucharist Preparation, the child must be baptized, in 2nd grade or higher, and attended FFF in 2019-2020 with good attendance.)

Total Due: \_\_\_\_\_

**Children:**

For Office Use Only:

Payment date: \_\_\_\_\_ Cash/Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Received by: \_\_\_\_\_

Notes: \_\_\_\_\_

*Our Lady of Lourdes Catholic Church*

**Parent/Guardian Consent/Liability Waiver Form**

**This page MUST be submitted with the registration form**

Name of child—PLEASE PRINT

Please list any learning or physical challenges, or **allergies** that you child might have:


**Permission For Child To Attend Faith Formation Virtually**

“By registering your child(ren) for faith formation you give permission to the parish to provide its catechists with access to your child(ren) for the purpose of catechesis. Depending on the circumstances and the program, this access may be face-to-face in a parish facility, or may be on a virtual platform approved and overseen by the parish, or both. All catechists have been cleared by the Archdiocesan Office of Child and Youth Protection to work with minors and have completed all required safe environment training.”

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICAL CONSENT**

In the event of an emergency, I hereby give permission to the staff of Our Lady of Lourdes Catholic Church to seek emergency medical transport and/or treatment for my child(ren) named above. I will be responsible for all costs incurred. I wish to be advised before further care is given by the hospital or doctor. If I cannot be reached, contact:

Name and Relationship: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_  Check here if not insured

**CONSENT AND LIABILITY WAIVER**

In the event of any accident or injury, I agree on behalf of myself, my child(ren)'s other parent, if known or living (name of other parent) \_\_\_\_\_, the child(ren) named above, or our heirs, successors, and assigns, to hold harmless and defend the Archdiocese of Galveston– Houston, its pastor or any representation of Faith Formation and Youth Ministry, unless the parties involved were careless and **negligent**.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**VIDEO/PHOTOGRAPHY CONSENT**

As parent/guardian, I understand that promotional pictures and videos (individual and group) may be taken during Pre-K, Elementary, Junior High, and High School Faith Formation classes or other activities. I give permission for my child(ren)'s pictures to be used for church promotional materials, such as newsletters, web pages, calendars, bulletin boards, Power Point presentations, or videos to promote or highlight these classes or activities.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_