

Our Lady of Fatima Parish
Religious Education Registration

Father's Name: _____ Home Phone: _____

Mother's Name: _____ Primary Mobile: _____

Home Address: _____ Emergency Contact:

_____ Name: _____

Number: _____

Is the family registered with the church? (Y/N)

Primary Email Address: _____

Child's Name: _____ Date of Birth: _____

Grade _____ Special Needs/Allergies: _____

CONSENT FOR MEDICAL CARE:

I give permission that, in my absence, my child whose name appears on this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at Our Lady of Fatima.

Signed (Parent/Legal Guardian): _____ Date: _____

I give Our lady of Fatima permission to use my child's photo. I understand that the images may be used in print and online publications, presentations, websites, and social media.

Signed (Parent/Legal Guardian): _____ Date: _____

OFFICE USE:

| | | | |
|--|--|--|------------|
| Registration Date: _____ New (Baptism Cert 0) | Cash \$: _____ Check # _____ | Policy Returned (Y/N) | |
| 1 st Progress report Returned/Signed (Y/N) | 2 nd Progress report Returned/Signed (Y/N) | 3 rd Progress report Returned/Signed (Y/N) | |
| Communion (Y/N) | Confirmation (Y/N) | Sponsor form given 0 | Returned 0 |