

**RELIGIOUS EDUCATION PROGRAM REGISTRATION
OUR LADY OF THE LAKE PARISH**

1400 Main Street
Leominster, MA 01453~ 6624

Phone: 978-345-2978 ext. 155

2020-2021
FAMILY NAME: _____

FOR OFFICE USE: **Date Received:** _____ **Reg. No.:** _____
Data Base: _____ Paid: _____
Cash: _____ Check: _____

Please return completed form with the fee to the address above. Thank you

I wish to register my child(ren) in the Religious Education Program at Our Lady of the Lake Parish. I accept the responsibility of ensuring that my child(ren) attends all scheduled classes and is a regular participant in the weekly Mass. **Parent/Guardian Signature** _____

How do you wish **parent's** mail to be addressed? NAME: _____

STREET ADDRESS: _____ CITY/ TOWN/ ZIP: _____

TELEPHONE: (____) _____ Unlisted: Yes ____ No ____ **E mail address:** _____

If separate mailing is needed for non-custodial parent, please list: Name: _____
Address: _____

List children from oldest to youngest Circle PS for Parochial School Students and write "will attend" if you would like them placed in a class.

Are you registering any child for the first time? No / Yes If Yes, list Child's Name & City of Birth: _____

What Is Last Grade	<u>Child's Full Name:</u>	<u>Father's Full Name:</u>	<u>Mother's Full Name:</u>
COMPLETED as of Aug., 2020:	First Middle Last DOB:	First Last	First <u>Maiden</u> Last
In Rel. Ed: ____ In School: ____ 1. PS? ____	_____	_____	_____
In Rel. Ed: ____ In School: ____ 2. PS? ____	_____	_____	_____

Grades 1-5 Becoming Jesus' Disciples Program - Three Saturday parent/child gatherings Dec 5, Mar 20, Apr 10 and 10 weekday Summer Program July 19th - 30th 2021

Sacramental Prep (Grade 2) - Sunday mornings starting October 18, 2020 at 9:00 – 10:15 for 17 classes

Grades 6 CLASS DAY PREFERENCE: (please check one) _____ MONDAYS 6:30 – 7:45 pm OR _____ TUESDAYS 4:00 - 5:15 PM (limited space)
Grades 7 CLASS DAY PREFERENCE: (please check one) _____ MONDAYS 6:45 – 8:00 pm OR _____ TUESDAYS 4:15 - 5:30 PM (limited space)
Grades 8 CLASS DAY PREFERENCE: (please check one) _____ MONDAYS 7:00 – 8:15 pm OR _____ TUESDAYS 4:30 - 5:45 PM (limited space)

HIGH SCHOOL I (9TH) SUNDAYS 4:45 TO 7 pm with Mass at 6:00 – 7 Sessions Starts January 3, 2021
HIGH SCHOOL II (10th) (please check one) _____ SUNDAYS 4:45 TO 7 pm with Mass at 6:00 – 7 Sessions Starts January 10, 2021
Or _____ WEDNESDAYS 6:00 to 8:15pm with Mass at 7:30 – 7 Sessions Starts January 13, 2021

REGISTRATION FEE \$75.00 PER CHILD MAXIMUM OF \$185.00 PER FAMILY ADDITIONAL DONATION: _____
Please make checks payable to: Our Lady of the Lake Parish. Your child is our priority. If the fee presents a hardship, please communicate with Michelle Lutter, Director of Religious Education we want to assure you that your ability to pay has no impact on how we celebrate the gift of your child to our parish.

PLEASE COMPLETE OTHER SIDE

EMERGENCY NOTIFICATION INFORMATION:

PLEASE THE BEST WAY TO CONTACT YOU: TEXT: _____ EMAIL: _____

WHERE CAN YOU BE REACHED DURING CLASS TIME? _____
Name Phone #

WHO CAN CARE FOR YOUR CHILD IF WE CAN'T REACH YOU? _____
Name Phone #

CHILD'S PHYSICIAN: Name _____ Phone # _____

I, (please sign) _____, parent or official guardian of (print child's name) _____ grant permission to Our Lady of the Lake Parish, to take and use: photographs and/or digital images of my child for use in news releases, bulletin boards and our website.
I, (please sign) _____, give permission to have my child participate in sessions during which safe environment/boundary issues will be discussed.

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**HOW CAN YOU HELP? Please try to find at least one way that you can assist. We can't run our program without you!**

**Could you:** Volunteer's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

\_\_\_\_\_ BAKE for Retreat/Events \_\_\_\_\_ SERVE COFFEE SHOP (one Sunday/month)

\_\_\_\_\_ OFFICE HELP Mon thru Thurs between 12:00 – 5:00pm

\_\_\_\_\_ RETREATS AND EVENTS: \_\_\_\_\_ SET UP HELP \_\_\_\_\_ CLEAN UP HELP (Set up is needed on Wed. or Thurs. days/ Cleanup is right after retreats on Fri. or Sat.)

\_\_\_\_\_ TEACH A CLASS GRADE \_\_\_\_\_ DAY \_\_\_\_\_

\_\_\_\_\_ SUBSTITUTE or \_\_\_\_\_ SERVE AS A HALL MONITOR DURING YOUR CHILD'S CLASS TIME GRADES \_\_\_\_\_ DAY \_\_\_\_\_

\_\_\_\_\_ SERVE AS AN AIDE FOR A CHILD WHO NEEDS HELP IN CLASS GRADES \_\_\_\_\_ DAY \_\_\_\_\_

\_\_\_\_\_ SERVE ON THE RELIGIOUS ED COMMISSION (First Tues/Month)

\_\_\_\_\_ CHILD CARE (on site, for teachers' small children during class time) DAY \_\_\_\_\_

\_\_\_\_\_ CHILDREN'S LITURGY OF THE WORD (Sunday mornings during the 9:45 Mass): \_\_\_\_\_ PRESIDER \_\_\_\_\_ ASSISTANT

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HOW CAN WE HELP YOU? PLEASE LIST ALL FOOD ALLERGIES!

IS THERE ANY SPECIAL NEED (LEARNING, SOCIAL, ALLERGIES, HEALTH, ETC..) THAT WE SHOULD BE AWARE OF, SO THAT WE CAN BEST SERVE YOUR CHILD(REN)?

