Our Lady of the Lake Parish Community Religious Education Registration Form 2021 - 2022 Page 1 of 3

Office Use Only		
Date Paid		
Ck#	Cash	
Amt. Paid		

<u>Please Print</u>				
Parent Name(s):				
Address:				
City:	State:	Zip:	Home (Landline)	
(Mom) Cell #:		E-Mail:		
(Dad) Cell #:		E-Mail:		
Best way to contact	you during class	s time:		

All students are welcome to participate in this program. We are happy to accommodate those students with special needs. Please list those children whom you are enrolling for this Religious Education year (extra room for additional children on page two).

Child's Information	Child's Information	
Name:	Name:	
Nickname:	Nickname:	
DOB: M F	DOB: M F	
School attending <u>and grade</u> in Sept 2021:	School attending and grade in Sept 2021:	
Medical Issues/Special Needs; What should	Medical Issues/Special Needs; What should	
we be aware of in regard to your child:	we be aware of in regard to your child:	
Circle Sacraments that have been received:	Circle Sacraments that have been received:	
Baptism Confession First Communion	Baptism Confession First Communion	

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Child's Information		Child's Information	
Name:		Name:	
Nickname:		Nickname:	
DOB:	M F	DOB:	M F
School attending and g	rade in Sept 2021:	School attending and	grade in Sept 2021:
Medical Issues/Special Needs; What should we be aware of in regard to your child:		Medical Issues/Special Nee we be aware of in regard t	
Circle Sacraments that hav		Circle Sacraments that have	
Baptism Confession	First Communion	Baptism Confession	First Communion
Photo Release With my signature, I hereby grant permission to Our Lady of the Lake Parish to publish a photo image of myself or a child in my family. I understand and agree that the use of my child(ren)'s picture is not an invasion of privacy. Neither I nor anyone claiming to be speaking on my behalf will later object to the Parish's use of this/these photographs or videotapes.			
		Date	
Signature of Parent or Lega	l Guardian		
Medical Consent In the event of an illness or injury and I cannot be reached, I/We give permission to transport my child to a hospital for emergency medical treatment. I/We also grant permission to any and all health care providers designated by Our Lady of the Lake staff to provide all children listed above any and all necessary medical care related to the injury or illness. I/We further understand that I/We will be contacted as soon as practical as to the medical emergency and be provided with all necessary information related to the medical emergency.			
		Date	
Signature of Parent or Lega	l Guardian		

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Are you a registered parishi	oner at Our Lady of t	the Lake Parish?	
Yes No	Unsure		
Fee Prior to October 3, 2021	CONFIRMATION	Fee After October 3, 2021	
\$25.00 per child		\$30.00 per child	
Make checks	s payable to Our Lady of	the Lake Parish	
Financial assistance is available upon request, contact Father Raj @ 269-699-5870, ext. 124			
Please return the completed form along with the fee in the envelope provided by 10/03/21.			
		Office hours are M through F, 9:00	
AM to 2:00 PM. For your convenience, you may also place the completed form and fee in			
	he Sunday collection bas	sket.	
For further questions contact the parish office @ 269-699-5870.			
Visit our web page at www.ourladyedwardsburg.org for additional information.			
Parent Signature		Date	