

2017/2018 **OLQM Children's Faith Formation Registration for New 1st Graders**

To be completed by Office: Grade Placement _____ Date Rec'd. _____ Parish Reg. _____

Fees: \$200 for 1 child	\$300 for 2 children	\$350 for 3 or more children
Reduced Fees: (For families who have contributed \$500 or more during 2016)		
\$125 for 1 child	\$200 for 2 children	\$250 for 3 or more children
<i>Please note: Any financial concerns will not exclude your child from Faith Formation Classes.</i>		
<i>If paying by Credit Card, please provide information on the back of this form.</i>		

Student Name _____ Male _____ Female _____

Family Name: _____

Address: _____ Town: _____

Home Phone: _____ Mom Cell: _____ Dad Cell: _____

Date of Birth: _____ School: _____ Grade in **school** as of 9/17 _____

Family E-mail address: _____

IN AN EMERGENCY if a parent cannot be reached, please contact:

Name: _____ Phone # _____ Relationship: _____

Father's Name: _____ Religion _____

Mother's **First & MAIDEN** Name: _____ Religion _____

Family Status: - (Please Check One)

Married () Remarried () Separated () Divorced () Widow () Widower ()

If parents are separated or divorced, please note with whom the child lives: _____

If the non-custodial parent wishes to receive information about the religious activities for this child, please let the office know, and provide us with their contact information.

Baptism Date: _____ **Church:** _____ **Checked by :** _____

Address of Church of Baptism: _____

I would be available to Teach () Yes () No

I would be available to Team Teach with _____

Any carpool/class requests: _____

THE FOLLOWING INFORMATION WILL BE KEPT CONFIDENTIAL

Does your child attend a special class or special education program?

If yes, please describe: _____

Please list any special needs your child has: e.g., allergies, learning disabilities, physical limitations, medication, etc.

Parents' comments or suggestions that will assist us in understanding and teaching your child:

Credit Card Information

____ AMEX ____ MC ____ VISA Expiration Date: _____

Credit Card Number: _____

Zip Code for Credit Card Billing Address: _____ Street # _____

Name on Credit Card: _____

Signature of Card Holder: _____

To be completed by Office:

Amt Paid: _____ Cash ____ Check # _____ Credit Card ____ W ____

Credit Card Entered by: _____

Amount being charged: \$ _____

Approval Code: _____ Batch #: _____

Computer Updated: _____

Office Notes: