

2016/2017 **OLQM Children's Faith Formation Registration for Transfer Students**

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

<b>Fees:</b> \$175 for 1 child	\$250 for 2 children	\$300 for 3 or more children
<b>Reduced Fees: (For families who have contributed \$500 or more during 2015)</b>		
\$100 for 1 child	\$175 for 2 children	\$225 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 **9/16** \_\_\_\_\_

Family E-mail address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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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.

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**Baptism Date:** \_\_\_\_\_ **Church:** \_\_\_\_\_ **Cert. Received :** \_\_\_\_\_

**Address of Church of Baptism:** \_\_\_\_\_

**Communion:** \_\_\_\_\_  
(Date) (Church) (Location)

**Reconciliation:** \_\_\_\_\_  
(Date) (Church) (Location)

**Previous Faith Formation Instruction:**

\_\_\_\_\_  
\_\_\_\_\_

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

Grade \_\_\_\_\_

I would be available to Team Teach with \_\_\_\_\_

Grade \_\_\_\_\_

Any carpool/class requests: \_\_\_\_\_

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**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:

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**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: