

2019/2020

OLQM Children's Faith Formation Registration for Transfer Students

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

Please note: Any financial concerns will not exclude your child from Faith Formation Classes.

If paying by Credit Card, please provide information on the back of this form.

Student Name _____ Male _____ Female _____

Family Name: _____

Address: _____ Town: _____

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

Date of Birth: _____ School: _____ Grade in **school** as of 9/19 _____

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:** _____

Address of Church of Baptism: _____ **Cert. received :** _____

Communion Date _____ **Church** _____

Reconciliation Date _____ **Church** _____

Previous Faith Formation _____

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

I would be available to Team Teach with _____

Any class requests: _____

We will do our best to honor requests, but we cannot guarantee this.

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

Amount Charged: _____ AMEX ___ MC ___ VISA ___ DISCOVER

Credit Card Number _____

Exp. Date _____

Zip Code for Credit Card Billing Address: _____ CVV: _____

Name on Credit Card: _____

Signature of Card Holder: _____

To be completed by Office:

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

Credit Card Entered by: _____

Computer Updated: _____

Constant Contact Updated: _____