

Our Lady of the Presentation Parish
CHILDREN'S FAITH FORMATION REGISTRATION 2017-2018
SUNDAY SCHOOL PROGRAM (3 1/2 - Kindergarten)

Classes are held during the 10:00 Mass on Sundays.

Office use only
Date Received

PARENT/GUARDIAN INFORMATION

Parent _____	Cell Phone _____
Relationship to child: _____	Alternate Phone _____
Home Address _____	City: _____ Zip _____
(all correspondence will be sent to this address unless otherwise specified)	
Email address: _____	

Parent _____	Cell Phone _____
Relationship to child: _____	Alternate Phone _____
Address (if different) _____	City: _____ Zip _____
Email address: _____	

We are members of Our Lady of the Presentation Yes ___ If no, we are members of _____

Emergency Contact (if parent can't be reached)

Name _____ Relationship _____ Phone _____

CHILD #1 INFORMATION

Name (first) _____ (last) _____ Gender: Male / Female

Age _____ Birth Date: Month _____ Day _____ Year _____

Has your child been baptized? _____ If not, would you like to talk to someone about baptism? _____

All children must be self-sufficient in personal hygiene needs.

CHILD #2 INFORMATION

Name (first) _____ (last) _____ Gender: Male / Female

Age _____ Birth Date: Month _____ Day _____ Year _____

Has your child been baptized? _____ If not, would you like to talk to someone about baptism? _____

All children must be self-sufficient in personal hygiene needs

FAITH FORMATION FEES

Make check payable to: **Our Lady of the Presentation**

Multiple child discount includes all of our programs for children.	
___ 1 child - \$75	TOTAL FAMILY FEE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
___ 2 children - \$120	
___ 3 or more children - \$150	
Circle other programs family members attend: CGS CFF	

*Please let us know if this is a financial hardship.
No one is turned away because of inability to pay.
Scholarships are available.*

Registration Checklist:
<input type="checkbox"/> Registration Form Completely Filled Out (Front and Back)
<input type="checkbox"/> Volunteer Opportunity Page Completed

OFFICE USE ONLY							
Date _____	Amount: _____	Check # _____	Cash: _____	Paid Online: _____	Verified: _____	Scholarship: _____	

Family Profile- for ALL families to consider

The following information is treated as confidential.

Is there anything that would be helpful to know about your child or your family (illness/death in the family, single parent, different religious beliefs, areas of difficulty for the child such as trouble reading, areas of self-consciousness, allergies, etc?) If the information is about a specific child please specify which child has the need.

_____ I would rather speak to someone in person. Please call me at _____

If your child has any special needs such as physical impairments, cognitive impairments, ADD, ADHD, learning disabilities, vision impairments, hearing impairments, medical or behavioral conditions, we would like to contact you to get more information about how we can best serve your child.

The best time to reach me (name) _____ is _____ a.m./p.m. at (number) _____ regarding (Child's name) _____

Parent/Guardian Consent for Photos and Recordings

_____ I hereby grant permission for this/these child(ren) to be included in the photographs, videos and other recordings taken at Our Lady of the Presentation and/or the Catholic Diocese of Kansas City – St. Joseph for the period of one year (August 2017-August 2018). I have read and agree to the above statement.

_____ I do **not** grant permission for this/these child(ren) to be included in any photographs, videos and other recordings for a period of August 2017-August 2018.

_____ (Parent/Guardian Signature)

_____ (Date)

Circle of Grace

I understand that all Catholic schools and churches in the Diocese of Kansas City-St. Joseph are mandated to give 'safe touch' classes to their students. I understand that in our dioceses we use the *Circle of Grace* curriculum. Through the *Circle of Grace* Program, adults assist children to recognize God's love by understanding that each of us lives and moves within a *Circle of Grace*. Your *Circle of Grace* holds your very essence in body, mind, heart, soul, and sexuality. The *Circle of Grace* program teaches children to seek help from a trusted adult, reinforcing God's presence in their real life struggles. It will educate and empower children to actively participate in a safe environment for themselves and others. (For more information on *Circle of Grace* please see the Parent Handbook.)

_____ (Parent/Guardian Signature)

_____ (Date)

Liability Statement

I understand there is the possibility/risk of injury and/or loss which my child may sustain while participating in activities during scheduled Children's Faith Formation class times. I also understand that all precautions will be taken to ensure the safety and security of my child at all times during these activities.

I hereby release and agree to hold harmless Our Lady of the Presentation Parish and the Diocese of Kansas City-St. Joseph and any of their volunteers, advisors, chaperons, or persons connected with the Parish Religious Education program from any liability, claims, damages for personal injury, property lost/damage which may result during the course of the Children's Faith Formation year.

_____ (Parent/Guardian Signature)

_____ (Date)