

**Our Lady of Sorrows Catholic Church Religious Education
Registration Form (Grades K-8) 2020-2021**

Date: _____ Registered in this Parish: Yes No If yes, indicate Envelope #: _____ Grade: _____

Monday 6:00-7:15pm 4th – 8th Grade Tuesday 6:00-7:15pm 1st – 3rd & up Grade Wednesday 6:00-7:15pm K-3rd

Child First Name: _____ Last Name: _____

Male: Female: Date of Birth: ____/____/____ Age: ____ Phone #: _____

Address: _____ City: _____ Zip: _____

Baptized: Yes NO **OLOS** Other Church 1st Communion: Yes No **OLOS** Other Church

A Copy of your Child's Baptism Certificate is required

Religious Education Class Enrolled in Last Year? Yes No If yes, what level _____

Child lives with: Both Parents With Mother With Father Other (If other, please provide legal documents i.e., Court Documents of Legal Guardianship and/or a Notarized Letter from both Parents authorizing you to register this child for Religious Education and/or other documents as needed)

Mother or Legal Guardian: Religion: _____ Primary Contact for the Student? Yes No

First Name: _____ Last Name: _____

E-mail: _____ Work # _____ Cell#: _____

Father or Legal Guardian: Religion: _____ Primary Contact for the Student? Yes No

First Name: _____ Last Name: _____

E-mail: _____ Work # _____ Cell# _____

New at OLOS Religious Ed. Program? Yes No:

How many children in CCD program? # _____

Registration / Fees for Grades K-8

Religious Education is free for registered parishioners with a giving history. For new students and non-registered parishioners, the fee is **\$15.00** for 1st child, **\$10.00** for the 2nd and **\$5.00** for the 3rd child. No one will be denied Religious Education due to the inability to pay.

Please call the Religious Education Office regarding any issues needing special consideration.

Amount Paid: Cash \$ _____ Check# _____ Credit _____

1st Communion is a 2 years preparation program normally spanning 2nd & 3rd Grade. If your child has not completed 2nd grade Religious Education and is entering the program in order to receive 1st Communion.

Please call the Religious Education Office (505) 867-5252

Please fill out both sides of this form completely and then submit it to the Religious Education Office!



Permission for Photo/Video/Virtual Access and Medical Treatment Waiver

I, _____, am the parent/legal guardian of _____
(Please print full name) *(Please print Child's full name)*

Photo/Video/Virtual Access Permission

I hereby give permission for my child to be photographed, videotaped, and have virtual access at or through Our Lady of Sorrows Catholic Church Programs for the entire time registered in Religious Education. The photo and/or video of my child may be used for informational, educational, or promotional purposes regarding our Religious Education Programs.

Medical Treatment Waiver

Do hereby give my permission for my child to attend Our Lady of Sorrows Catholic Church Religious Education and be treated for a medical emergency in my absence while participating in the Religious Education program. The Director of Religious Education, Religious Education Assistant, or Adult supervisor may act as an agent in my absence. In case of accident, I do not hold the Archdiocese of Santa Fe, the parish, its staff, or the adult chaperones responsible. In case of emergency, if I am not available at the above address and phone, please contact:

Emergency contact: _____ Relation: _____ Cell# _____

Is your child allergic to any foods or medicines? Yes No

If yes, please list them: _____

Does your child have any of these physical concerns that we need to be aware of?

- Asthma ADD Autism Hyperactivity Poor Eyesight Reading Writing
Speaking Hearing Other _____

(If you have any questions, please contact the Religious Education Office)

Other people authorized to pick up my child:

Name: _____ Relation: _____ Cell # _____

Name: _____ Relation: _____ Cell # _____

I have read and completed the above information and certify that I have disclosed all information to the best of my knowledge. I approve of all permissions and waivers listed herein.

Parent/Legal Guardian Signature: _____ Date: _____