



Christ Our Light Catholic Church Faith Formation/Youth Ministry Offices
 1 Maria Dr. ❖ Loudonville, NY 12211 ❖ Ph: 459-6635
 2015 – 2016



**FAITH FORMATION REGISTRATION FORM
 KINDERGARTEN, GRADE LEVELS 1 – 10 &
 CONFIRMATION (LEVELS 11 OR 12)**

A. Family / Contact Information

| | |
|--------------------------------|--|
| Family Name | |
| Primary Mailing Address | |
| Main Home Phone | |
| E-mail Address | |

We DO NOT check our email please send mail

| | Mother/guardian Contact Info | Father/guardian Contact Info |
|-------------------|---|---|
| Name | | |
| Occupation | | |
| Work Phone | | |
| Cell Phone | | |
| Check if | <input type="checkbox"/> guardian, not mother <input type="checkbox"/> mother does not live with child | <input type="checkbox"/> guardian, not father <input type="checkbox"/> father does not live with child |

B. Emergency Contacts / Designated Representatives

The persons indicated here should *not* be one of the parents/guardians listed above.

| | | | | |
|---|---------------------|--|--|--|
| 1 | Name | | Contact Phone | |
| | Relationship | | OK to release child to this person <input type="checkbox"/> Y <input type="checkbox"/> N | |
| 2 | Name | | Contact Phone | |
| | Relationship | | OK to release child to this person <input type="checkbox"/> Y <input type="checkbox"/> N | |

C. Dismissal Policy (Kindergarten, Levels 1 – 6 only)

To promote a safe environment, all children in kindergarten and levels 1-6 will stay in their gathering space after each session until a parent/guardian arrives to sign an attendance sheet with catechist and collect their child. *(Please check the box.)*

I have read the dismissal policy and understand that my child will remain in the building until he/she is signed out by his/her parent/guardian or designated representative.

D. Family Involvement

Our programs are possible because of the volunteers that give of their time and talent for the faith enrichment of the young people of Christ Our Light. Please consider becoming part of this rewarding experience. Please check the areas you would be willing to help in. **(For the safety of our children all volunteers must be willing to undergo a Background check, sign a Code of Conduct and Virtus Training)**

I would like to volunteer as:

List day and time:

| | | | |
|----------------------------|---|--|--|
| Catechist: | <input type="checkbox"/> K, <input type="checkbox"/> 1 – 6, <input type="checkbox"/> Aide | <input type="checkbox"/> 7 – 8, <input type="checkbox"/> 9-10, <input type="checkbox"/> Confirmation | |
| Small Group Leader: | N/A | <input type="checkbox"/> 7 – 8, <input type="checkbox"/> 9-10, <input type="checkbox"/> Confirmation | |
| Substitute: | <input type="checkbox"/> K, <input type="checkbox"/> 1 – 6, <input type="checkbox"/> Aide | <input type="checkbox"/> 7 – 8, <input type="checkbox"/> 9-10, <input type="checkbox"/> Confirmation | |
| Gatekeeper: | <input type="checkbox"/> K, <input type="checkbox"/> 1 – 6 | <input type="checkbox"/> 7 – 8, <input type="checkbox"/> 9-10 | |

E. Information (if you have more than 3 children in the program please attach another sheet)

First come first serve basis for getting session for your child in the Levels K - 6

| | | | | | |
|--|--|---|---|---|---|
| Child #1 | Child's Name | | | | My child has celebrated the sacraments of <input type="checkbox"/> Baptized at OLM or StFds or other <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion |
| | School | | | | |
| | Grade | | Birth date | / / | |
| | Levels 1 - 6 Sessions will have only 10-12 learners in each section. | Levels 1-6 | Levels 7-10 | Kindergarten | |
| | | <input type="checkbox"/> Sundays 10 - 11 AM (14 1hr sessions) | <input type="checkbox"/> Sundays 6 - 8 PM (7 2 hr. sessions) | <input type="checkbox"/> Mondays 4 - 4:45 PM | |
| Kindergarten will have only 8 - 10 learners. | <input type="checkbox"/> Tuesdays 4 - 5 PM (14 1hr sessions) | | | | |
| | <input type="checkbox"/> Tuesdays 6 - 7 PM (14 1hr sessions) | | Levels 11 OR 12 Confirmation Prep <input type="checkbox"/> | | |
| | | | | MEDICAL: Please list any medications, allergies, or special needs, that may assist us in working with your child | |

| | | | | | |
|--|--|---|---|---|---|
| Child #2 | Child's Name | | | | My child has celebrated the sacraments of <input type="checkbox"/> Baptized at OLM or StFds or other <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion |
| | School | | | | |
| | Grade | | Birth date | / / | |
| | Levels 1 - 6 Sessions will have only 10-12 learners in each section. | Level 1-6 | Level 7-10 | Kindergarten | |
| | | <input type="checkbox"/> Sundays 10 - 11 AM (14 1hr sessions) | <input type="checkbox"/> Sundays 6 - 8 PM (7 2 hr. sessions) | <input type="checkbox"/> Mondays 4 - 4:45 PM | |
| Kindergarten will have only 8 - 10 learners. | <input type="checkbox"/> Tuesdays 4 - 5 PM (14 1hr sessions) | | | | |
| | <input type="checkbox"/> Tuesdays 6 - 7 PM (14 1hr sessions) | | Levels 11 OR 12 Confirmation Prep <input type="checkbox"/> | | |
| | | | | MEDICAL: Please list any medications, allergies, or special needs, that may assist us in working with your child | |

| | | | | | |
|--|--|---|---|---|---|
| Child #3 | Child's Name | | | | My child has celebrated the sacraments of <input type="checkbox"/> Baptized at OLM or StFds or other <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion |
| | School | | | | |
| | Grade | | Birth date | / / | |
| | Levels 1 - 6 Sessions will have only 10-12 learners in each section. | Level 1-6 | Level 7-10 | Kindergarten | |
| | | <input type="checkbox"/> Sundays 10 - 11 AM (14 1hr sessions) | <input type="checkbox"/> Sundays 6 - 8 PM (7 2 hr. sessions) | <input type="checkbox"/> Mondays 4 - 4:45 PM | |
| Kindergarten will have only 8 - 10 learners. | <input type="checkbox"/> Tuesdays 4 - 5 PM (14 1hr sessions) | | | | |
| | <input type="checkbox"/> Tuesdays 6 - 7 PM (14 1hr sessions) | | Levels 11 OR 12 Confirmation Prep <input type="checkbox"/> | | |
| | | | | MEDICAL: Please list any medications, allergies, or special needs, that may assist us in working with your child | |

F. Registration Fees and Signature

Registration forms will not be processed without payment. Make all checks payable to **Christ Our Light**.

Please make sure to sign and date at the bottom. Registration form is **due by July 20, 2015**. Thank you!

| | | | | | |
|---|---|-------------------------------|-------------------------------|--------------------------------|---|
| | 1 child K-10 | 2 children K-10 | 3 + children K-10 | Confirmation | Office use only Payment status <input type="checkbox"/> Payment enclosed |
| Registration fee | <input type="checkbox"/> \$55 | <input type="checkbox"/> \$80 | <input type="checkbox"/> \$90 | <input type="checkbox"/> \$100 | |
| Out-of-parish fee (for those not registered as members of the parish) | <input type="checkbox"/> \$25 extra fee | | | | |
| Parent/guardian signature | | | | Date | |