



## OUR LADY OF THE ROSARY STUDENT REGISTRATION FORM

### CLASS REGISTRATION

My child is being registered for grade:

K \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 \_\_\_ 8 \_\_\_ 9 \_\_\_ 10 \_\_\_

**IMPORTANT:** Students registering for Grades 2 and 10 only must attach a copy of his/her **BAPTISMAL CERTIFICATE** if not baptized at Our Lady of the Rosary.

### STUDENT INFORMATION

Student's Name \_\_\_\_\_  
*First* *Last*

School \_\_\_\_\_ Grade as of September \_\_\_\_\_

Is this your first year in Faith Formation at Our Lady of the Rosary? Yes \_\_\_ No \_\_\_

### PARENT/GUARDIAN INFORMATION

Are you a registered member of Our Lady of the Rosary? Yes \_\_\_ No \_\_\_ If not, which church are you affiliated? \_\_\_\_\_

### MOTHER'S INFORMATION

Name \_\_\_\_\_  
*First* *Maiden Name* *Last*

Address \_\_\_\_\_  
*Street/Apt*

\_\_\_\_\_ *City* *Zip*

Phone \_\_\_\_\_  
*Day* *Evening* *Cell*

Email Address \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Occupation \_\_\_\_\_  
(Faith Formation Registration Form)

**FATHER'S INFORMATION**

Name \_\_\_\_\_  
*First* *Last*

Address \_\_\_\_\_  
*Street/Apt*

\_\_\_\_\_ *City* *Zip*

Phone \_\_\_\_\_  
*Day* *Evening* *Cell*

Email Address \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Occupation \_\_\_\_\_

**CHILD CUSTODY ISSUES**

Are there any custody issues that Faith Formation Program should be aware of? Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

**SACRAMENTAL INFORMATION  
BAPTISM**

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Parish of Baptism \_\_\_\_\_ Date of Baptism \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE** if not baptized at our Lady of the Rosary.

Students who have not been baptized or have been baptized into another faith tradition should discuss this with the Faith Formation Coordinator.

**FIRST EUCHARIST**

Date \_\_\_\_\_ Parish of First Eucharist \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Students above second grade who have not made their First Eucharist and students above eleventh grade level who have not been Confirmed should discuss this with the Faith Formation Coordinator.

**EMERGENCY INFORMATION**

Emergency Contact \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone Number \_\_\_\_\_

**AUTHORIZATION TO PICK UP YOUR CHILD**

Your child will be released **only** to the person(s) named below. If someone else comes to pick up your child, it will be necessary to contact a custodial parent.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**MEDICAL INFORMATION/SPECIAL LEARNING NEEDS**

Please list any special condition or special needs your child has in the learning environment. Modifications will be determined on an individual basis. If your child needs medication on site, the parent must inform the teacher.

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

**PHOTO AUTHORIZATION**

Photographs and/or videos of minors are taken periodically for use in parish publications and to celebrate your child’s participation and accomplishments. In signing this registration, you are granting permission to Our Lady of the Rosary to use photos and videos of your child. If names are used, only your child’s first name will be published. Last names will not be used without contacting you and obtaining your permission. You may limit or disallow this by contacting the parish office and providing us with a written notice of what limitations you would prefer.

Please note that the diocese, its parishes, schools and ministries have limited control over the use of photography or film taken by private individuals or the media that may be covering the event in which your child(ren) participate(s).

**I confirm that all the information provided is correct, and I give photo permission as described in the registration form.**

Name \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Amt. Paid \_\_\_\_\_ Method of Payment \_\_\_\_\_