



Office Use Date _____ Paid _____ Ck # _____
Form # _____ Number Children _____ C or A

**2017-2018
Children's Faith Formation
Grade School Registration
Grades 1 – 6**

All families enrolled in Children's Faith Formation must be **REGISTERED MEMBERS** of Our Lady of Mt. Carmel. Those registered after August 22 may not receive first class time choice, pending available classrooms and catechists.

FAITH FORMATION CLASS FEES*

Please contact the Faith Formation Office if financial assistance is required. Checks made payable to OLMC.

Early Registration Fee (Through July 1, 2017) \$70.00 Per Child (\$180 Family Maximum)

Late Registration Fee (After July 1, 2017) \$80.00 Per Child (\$180 Family Maximum)

Reconciliation/First Communion (2nd Grade) \$40.00 for supplies (in addition to Faith Formation Registration fee)

***Registration Fee Waived for Catechists. Fee discount of 50% for weekly class adult aides.**
Please remit the fee at the time of registration.

Please indicate your class preferences by number. Classes are filled on a first come, first served basis.

1 = first choice 2 = second choice 3 = third choice

SUNDAY: 8⁰⁰-9¹⁰AM _____ 9³⁰-10⁴⁰AM _____ 11AM-12¹⁰PM _____ **MONDAY:** 4⁴⁵-5⁵⁵PM _____

*Children with Special Needs Class _____ (only offered at 9:30am)

Office use
Class

Please Print Neatly

Child's Name _____ boy () girl () _____
Last First (Nickname, if any)

Birthdate ____/____/____ Age ____ School Grade for 2017-2018 ____ School _____

- CFF Grade last year (2016 – 2017) ____ *Note: First Communion is a two year program (1st and 2nd)

- Does this student have any special needs (learning, hearing, sight, health) or food allergy that the Catechist should be aware of? Please list/describe on the line below.

FAMILY NAME: _____
(Last) (Father) (Mother)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARENT EMAIL(S): _____

Home Phone OR Note Primary Phone _____ Unlisted? Y N

Mother's Cell Phone _____ Mother's Work Phone _____

Father's Cell Phone _____ Father's Work Phone _____

Religion of Father _____ Religion of Mother _____

Emergency Contact (Not A Parent) _____ Phone _____ Relationship _____

PLEASE FILL OUT IMPORTANT INFORMATION ON OTHER SIDE

CATHOLIC SACRAMENTS RECEIVED

Complete to the best of your ability.

- **BAPTISM** Date ____/____/____ Parish _____
City _____ State _____
- **1st RECONCILIATION** Date ____/____/____ Parish _____
City _____ State _____
- **1st COMMUNION** Date ____/____/____ Parish _____
City _____ State _____
- Grades child attended a **Catholic Grade School:** K 1 2 3 4 5 none
 Name of School _____ City _____ State _____
- Grades child attended a **Catholic Parish Religious Education Program:** K 1 2 3 4 5 none
 Name of Parish _____ City _____ State _____

Please consider joining our efforts in Faith Formation and volunteer!

Registration Fee Waived for Catechists! Fee discount of 50% for weekly class adult aides!

(Inquire at the Faith Formation office for details)

Volunteer Name: _____

Positions	Grade(s)	Time(s)
<input type="checkbox"/> Catechist Teach class each week. Materials and lesson plans provided. <i>*We try to assign every catechist a co-catechist and/or aide.</i>	<input type="checkbox"/> 3's (Pre-K)	Sunday <input type="checkbox"/> 8:00 – 9:10am <input type="checkbox"/> 9:30 – 10:40am <input type="checkbox"/> 11am – 12:15pm Monday <input type="checkbox"/> 4:45 – 5:55pm
<input type="checkbox"/> Co-Catechist Assist teaching and help regulate classes with a catechist. <i>Willing to teach when catechist is unable.</i>	<input type="checkbox"/> 4's (Pre-K)	
<input type="checkbox"/> Aide Assist a catechist in regulating classes. <i>NOT required to teach.</i>	<input type="checkbox"/> Kindergarten	
<input type="checkbox"/> Substitute Fill-in for catechists/aides when they are unable to teach class. Syllabus and materials will be provided.	<input type="checkbox"/> 1 st Grade	
<input type="checkbox"/> Office Help <u>Sunday, 8am – noon</u> (4-5 needed): assist in the office area once a month by helping the administrative assistant with tasks and helping parents in the office when needed	<input type="checkbox"/> 2 nd Grade	
<input type="checkbox"/> Retreat Help Assist in pre-retreat set-up and/or volunteer day-of retreat. <i>*Note which grade(s) you are interested in helping (1 – 6)</i>	<input type="checkbox"/> 3 rd Grade	
<input type="checkbox"/> Events/Projects Help administrative assistant with various projects throughout the year, primarily with beginning of school year preparation	<input type="checkbox"/> 4 th Grade	
	<input type="checkbox"/> 5 th Grade	
	<input type="checkbox"/> 6 th Grade	

YES, I am a returning catechist/aide. Name of catechist/aide I would like to work with this year: _____

*****All volunteers must complete the Protecting Children in the 21st Century Protocol session*****

Visit <https://safeandsacred-dol-in.org/>

YES, I am interested in receiving information about the new CFF parent ministry

**Our Lady of Mt. Carmel
Media Release**

We ask for your permission to release media coverage concerning your child. This may include, but not limited to, newspapers, *The Observer*, *The Catholic Moment*, bulletin boards, OLMC website, videos made throughout the school year, etc.

Child's Last Name: _____

Child's Name: _____

- Yes** Faith Formation has my permission to release related communication involving my child to any media.
- No** Faith Formation does NOT have my permission to release related communications involving my child to any media.