



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

**2017-2018
Children's Faith Formation
Preschool and Kindergarten Registration**

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)

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

Please remit the fee at the time of registration.

<p>Please indicate your class preferences by number. Classes are filled on a first come, first served basis.</p> <p>1 = first choice 2 = second choice</p> <p>SUNDAY: 9³⁰-10⁴⁰ AM _____ 11^{AM}-12¹⁰ PM _____</p> <p><i>*Pre-K and Kindergarten classes are <u>not</u> offered at 8am or on Mondays</i></p>	<p><i>Office use</i></p> <p>Class</p> <p>_____</p>
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Please print:

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

Birthdate: ____/____/____ **As of September 1, 2017,** my child will be _____ years old

Check One: Preschool (3's & 4's) _____ Kindergarten _____ | School Attending _____

- **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 E-MAIL(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 Parent) _____ **Phone** _____ **Relationship** _____

PLEASE FILL OUT IMPORTANT INFORMATION ON OTHER SIDE

Complete to the best of your ability. We require a baptismal certificate ONLY for children who will receive sacraments this year.

BAPTISM Date ____/____/____ 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!

(Please 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 – 5:55 pm
<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 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.

Please check the box below indicating your choice.

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.