

OUR LADY OF CONSOLATION RELIGIOUS EDUCATION PROGRAM  
REGISTRATION FORM FOR 2010-2011 (GRADES 1 - 8)

Phone: 973-839-3444

Email: k.greco@olcchurch.com  
g.kelley@olcchurch.com

Registration Form due by June 1<sup>st</sup>, 2010 or sooner  
LATE FEE of \$50.00 additional will be charged after June 1<sup>st</sup>--NO EXCEPTIONS  
NON-REFUNDABLE Yearly Registration Fee (checks payable to: OLC Religious Education)

Are you a registered parishioner @ OLC: (circle one) YES NO

Registered Parishioner Fee:

One child per family: \$250.00 Two or more children per Family: \$300.00 maximum

Non-Registered Parishioner Fee:

One child per family: \$350.00 Two or more children per Family: \$350 plus \$50 for each addtn'l child

SESSION ATTENDING: SUMMER 2010 \_\_\_\_\_ FALL 10-11 \_\_\_\_\_

STUDENT'S FULL NAME: (please print) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

Grade registering for Rel. Ed in Sept: \_\_\_\_\_

Public School Grade in Sept: \_\_\_\_\_ Where: \_\_\_\_\_

Sacraments Received: \*Baptism \_\_\_\_\_ \*Eucharist \_\_\_\_\_ \*Penance \_\_\_\_\_

Where: \_\_\_\_\_ (\*Copies of sacramental certificates must be on file if child did not receive at OLC)

Please note any medical or educational needs regarding your child. \_\_\_\_\_

Home Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ zip code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Parents: Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_ Widowed: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Maiden: \_\_\_\_\_ Religion: \_\_\_\_\_

Cell # \_\_\_\_\_ wk# \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Cell # \_\_\_\_\_ wk# \_\_\_\_\_

Parent Home Email Address: \_\_\_\_\_

EMERGENCY PHONE # DURING CLASS TIME: \_\_\_\_\_  
(please give name if other than a parent & the relation to child)

(PLEASE COMPLETE OTHER SIDE.)

OFFICE USE ONLY

CK # \_\_\_\_\_ Date: \_\_\_\_\_

Session: S / F Grade: \_\_\_\_\_

CASH \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE COMPLETE:**

**Our parish can only operate with your assistance. Please consider assisting in any of the following areas of Religious Education. THIS IS A VERY REWARDING MINISTRY....YOU ARE NEEDED!**

NAME: \_\_\_\_\_ (please print)  
Last First  
HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

I will help in the following way:

**\*CATECHIST:** \_\_\_\_\_ **One who is willing to instruct and share faith with our children of the parish. Training and assistance is always available. Please indicate the grade/s you would be interested in teaching. GRADE/s \_\_\_\_\_ (Please specify summer or fall/winter session)**

**\*SUBSTITUTE CATECHIST:** \_\_\_\_\_ **One who would be willing to teach a specific class when a regular catechist cannot attend. GRADES \_\_\_\_\_ (Please specify summer or fall/winter session)**

**\*TEACHER AIDE:** \_\_\_\_\_ **To help the teacher in the classroom. (Specify summer or fall/winter session)**

**PHONE CHAIN VOLUNTEER:** \_\_\_\_\_ **Volunteer will be assigned one class to make reminder calls (approx. 5-6 calls per year, made from your home) for Rel. Ed events that students are required to attend, or emergency closing phone calls due to inclement weather.**

**RELIGIOUS EDUCATION OFFICE HELP:** \_\_\_\_\_ **To help in the Religious Ed office during the week with basic office tasks.**

- \*Any adult over the age of 18 working with children is required to complete the following--**
- 1. Mandated fingerprinting (reimbursed to applicant upon request)**
  - 2. One-time "Protecting God's Children" workshop.**

**Please list any other parish ministries you are currently involved with:**

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

**Parents: Please read below & sign.**

**I give permission for my child to be photographed during our activities for publicity or Power Point presentations. (please circle) - Y / N**

**As a parent dedicated to my child's Catholic faith, I commit to try to attend weekly Mass with our family along with any of the required services that will take place during this coming catechetical year. My child will be in attendance for the required weeks of Religious Education unless sickness or an unforeseen circumstance arises, at which time I will supply a written note to the Religious Education Director.**

**Parent Signature:** \_\_\_\_\_