RELIGIOUS EDUCATION REGISTRATION

Our Lady of Sorrows Catholic Church

2025 / 2026 Academic Year

 Family Name:

 (The name your family is registered under the parish’s records)

Father’s Name: Religion:

Mother’s Name: Religion:

Mailing Address:

Phone Number: ( )

E-mail: @

Are you registered parishioners of Our Lady of Sorrows?  Yes  No

Was your child in Religious Education last year?  Yes  No

 Where?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s Legal Name** | **Date of Birth** | **M or F** | **Grade** | **School Attends** |
|  |  |  |  |  |
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|  |  |  |  |  |

Please mark below if your child needs to receive one of the following First Sacraments.

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name** | **Baptism** | **First Communion** | **Confirmation** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

FEE SCHEDULE

 Registered Parishioner Non-parishioner

Per Child……………………………… $40.00 ……………………………………………… $50.00

\*First Communion Child ……… $50.00 ……………………………………………… $65.00

\*Confirmation Child ……………. $50.00 ……………………………………………… $75.00

**\*Copy of Baptismal certificate is required by January 1, 2025**

**THE FOLLOWING INFORMATION MUST BE COMPLETED FOR EACH CHILD**

Please note any injuries, recent surgeries, prolonged illnesses, current medications, or special health problems that would help emergency personnel care for your child in an emergency, or which may require special attention.

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name | Food, Drug, or Other Allergies: | Medication during Class(Yes or No) | If yes, state name, dosage, and reason for the drug |
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In case of illness, accident, or emergency to the student(s) above, Our Lady of Sorrows Parish and the Archdiocese of Portland, in Oregon, and its representatives are authorized to proceed as indicated below.

Please thoroughly complete the following information in the order of desired action you wish us to take.

Primary Contact Phone:

Second Contact Phone:

Third Contact Phone:

Family Physician Phone:

Name of Medical Insurance Company

Group Number ID Number

I authorize Our Lady of Sorrows Parish and the Archdiocese of Portland, in Oregon, and its representatives to use their judgment in emergency care and procedures for my child. I also understand and agree that Our Lady of Sorrows and the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Signature Date

 Parent/Guardian

**I authorize the use of any pictures taken of my child/children participating in parish activities on the parish website (**[**www.olspdx.org**](http://www.olspdx.org)**). I also understand that my contact information may be shared with my child’s catechist.**

Signature Date

 Parent/Guardian