

Our Lady of Lourdes Catholic Church

Family Faith Formation Registration Kinder through 12th Grades (One Form Per Family)

For Office Use Only
Parish ID

"Come to me all you who labor and are burdened."

Matthew 11:28

		1416		new 11:26					
Today's Date:	Fam	ily email	ad	ldress:					
Parents'/Guardians' Names in FULL: Father (Last name, first name, midd		al) :							
Father Phone Number (s) (home): _	e Number (s) (home):			(cell):			work):		
Mother (Last name, first name, mid	dle Init	tial) :							
Mother Phone Number (s) (home): _				(cell):			(work):		
Mailing Address:									
Street Children:			Cit	ty			State	Zip:	
Name: (Please include last name, if different)	Sex Date of Birth		f	20232024 School Grade	Is this child baptized?		If yes, which Denomination	Sacraments Needed this year	
					□Yes	□No		☐Eucharist ☐Confirmation	
					□Yes	□No		☐Eucharist ☐Confirmation	
					□Yes	□No		☐Eucharist ☐Confirmation	
					□Yes	□No		☐Eucharist ☐Confirmation	
Session Times			Family Faith Formation Fee						
Grades K −12th:			\$50.00 per child supply/book fee xchild(ren) =						
Wednesdays, 6:00 pm to 7:15 pm				\$40.00 sacrament textbooks fee xchild(ren) = (To be eligible for First Eucharist Preparation, the child must					
. , .	•		•	_			•		
				-		_	_	attended FFF in	
			20	722-2023 WILI	i good (atteriuai	nce.) Total Due	•	
For Office Use Only:									
Payment date: Cash/Check	#:	An	nou	nt:	_ Receip	t #:	Receive	ed by:	
Notes:									

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Parent/Guardian Consent/Liability Waiver Form This page MUST be submitted with the registration form

This page M	UST be submitted with the registration form
Name of child—PLEASE PRINT	Please list any learning or physical challenges, or allergies that you child might have:
Permission I	or Child To Attend Faith Formation Virtually
with access to your child(ren) for the param, this access may be face-to-face seen by the parish, or both. All catech	formation you give permission to the parish to provide its catechists ourpose of catechesis. Depending on the circumstances and the proin a parish facility, or may be on a virtual platform approved and overists have been cleared by the Archdiocesan Office of Child and Youth ave completed all required safe environment training."
Signature of Parent/Guardian:	Date:
	Medical Consent
seek emergency medical transport and all costs incurred. I wish to be advise reached, contact:	y give permission to the staff of Our Lady of Lourdes Catholic Church to d/or treatment for my child(ren) named above. I will be responsible for d before further care is given by the hospital or doctor. If I cannot bePhone ()
	Phone ()
	Group Number:
	Check here if not insured
	CONSENT AND LIABILITY WAIVER
living (name of other parent)heirs, successors, and assigns, to ho	I agree on behalf of myself, my child(ren)'s other parent, if known or, the child(ren) named above, or our ld harmless and defend the Archdiocese of Galveston– Houston, its the Formation and Youth Ministry, unless the parties involved were
Signature of Parent/Guardian:	Date:
	VIDEO/PHOTOGRAPHY CONSENT
As parent/guardian, I understand that	promotional pictures and videos (individual and group) may be taken
during Pre-K, Elementary, Junior Hig	n, and High School Faith Formation classes or other activities. I give
permission for my child(ren)'s pictur	es to be used for church promotional materials, such as newsletters,
	s, Power Point presentations, or videos to promote or highlight these
classes or activities.	
Signature of Parent/Guardian:	Date: