

# Our Lady of Perpetual Help Roman Catholic Church

## Sunday School Registration 2023-2024

Registration Begins August 27 - **Late Fee after September 27- \$50.00**

### 2023-2024 REGISTRATION PROCESS:

- Complete & send this form with tuition payment to the parish address – Attn: Sunday School Registration
- **Checks and Money Orders are made payable to Our Lady of Perpetual Help**

First Child: \$40.00  
 + \$30 for each additional child: \_\_\_\_\_  
 + \$70 per child 1<sup>st</sup> Communion: \_\_\_\_\_  
 + \$90 per child Confirmation: \_\_\_\_\_  
 TOTAL TUITION = \_\_\_\_\_ + \_\_\_\_\_ (Late Fee) = \_\_\_\_\_ Total Paid

Phone: 202-678-4999 Ext 3 ♦ Fax: 202-966-9255 ♦ 1600 Morris Road, SE ♦ Washington DC 20020

### 1. FAMILY INFORMATION \*\*New families are asked to submit a copy of each child's Baptism certificate along with this form.

Child/ren's Last Name:	
Primary Mailing Address:	
City, State, Zip:	
Parent/Guardian Name:	Religion:
Parent/Guardian Mailing Address:	Home #:
City, State, Zip:	Work #:
Parent/Guardian E-mail Address:	Cell #:
Parent/Guardian Name:	Religion:
Parent/Guardian Mailing Address:	Home #:
City, State, Zip:	Work #:
Parent/Guardian E-mail Address:	Cell #:

### 2. STUDENT INFORMATION If more than 3 children, please use an additional form

	Child # 1	Child # 2	Child # 3
First and Middle Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age			
Date of Birth: mm/dd/yyyy			
School and Grade September			
Participated in Religious Education last year	<i>Name of parish/school</i>	<i>Name of parish/school</i>	<i>Name of parish/school</i>
Received Catholic Baptism? If no, which denomination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baptism Date Month/Year			
Baptism: Church/City/State			
Received First Reconciliation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received First Eucharist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 3. HEALTH, MEDICAL, AND SPECIAL NEEDS INFORMATION

Information listed below remains confidential and will only be used for purposes related to assisting the Catechist. If more space is needed, please attach a separate sheet to this form.

**Name of Child # 1:**

A. List any Chronic Health Conditions, Recent/Current Serious Illness or Injury:

B. List any Food or Environmental Allergies:

C. List any Medications the child is currently taking:

D. List any educational or behavioral needs (e.g. gifted, dyslexic, ADD, slow reader, etc.)

**Name of Child # 2:**

A. List any Chronic Health Conditions, Recent/Current Serious Illness or Injury:

B. List any Food or Environmental Allergies:

C. List any Medications the child is currently taking:

D. List any educational or behavioral needs (e.g. gifted, dyslexic, ADD, slow reader, etc.)

**Name of Child # 3:**

A. List any Chronic Health Conditions, Recent/Current Serious Illness or Injury:

B. List any Food or Environmental Allergies:

C. List any Medications the child is currently taking:

D. List any educational or behavioral needs (e.g. gifted, dyslexic, ADD, slow reader, etc.)

### 3a. INSURANCE INFORMATION

PARENT'S FULL NAME:

Health Insurance:		Identification #:	
Policy Number:		Group ID Number:	

### EMERGENCY MEDICAL TREATMENT RELEASE

I hereby authorize the treatment, administration of anesthesia, and surgical treatment(s) for my minor child, in the event of a medical situation occurring in my absence or when the hospital or physicians are unable to contact me. This authorization extends to any hospital, physician(s), and nursing personnel within the physician's staff where treatment is rendered by the physicians. I release from medical responsibility and liability the hospital, physician(s) and nursing personnel for performing medical procedures and acting on the authority of this medical treatment consent form which such medical providers deem necessary for my child.

Printed Name:	Signature:
Relationship to child:	
Home Phone:	Cell Phone:

### 4. PICK-UP AUTHORIZATION

Please list below those who are authorized by you to pick-up your child from class:

1. Name:	Phone:
Relationship to child:	
2. Name:	Phone:
Relationship to child:	

### 5. VOLUNTEER OPPORTUNITIES

The success of our Sunday school program and sacramental preparation rests on the support and participation of all parishioners. We are all asked to give of our Time, Talent, and Treasure. Listed below are some areas in which volunteer opportunities are available. ALL adults who have substantial contact with children are required be fingerprinted, have a background check and take a child safety class. Check all those that are of interest to you. Thank you!

Volunteer Name:		Volunteer Name:	
Service	Response	Service	Response
Catechist	<input type="checkbox"/> Yes	Catechist	<input type="checkbox"/> Yes
Teacher Aide	<input type="checkbox"/> Yes	Teacher Aide	<input type="checkbox"/> Yes
Substitute	<input type="checkbox"/> Yes	Substitute	<input type="checkbox"/> Yes
Room Parent	<input type="checkbox"/> Yes	Room Parent	<input type="checkbox"/> Yes
1 <sup>st</sup> Communion Reception	<input type="checkbox"/> Yes	1 <sup>st</sup> Communion Reception	<input type="checkbox"/> Yes
Confirmation Reception	<input type="checkbox"/> Yes	Confirmation Reception	<input type="checkbox"/> Yes
Catechist Appreciation	<input type="checkbox"/> Yes	Catechist Appreciation	<input type="checkbox"/> Yes

## FAITH FORMATION PERMISSION & RELEASE/WAIVER FORM

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The Our Lady of Perpetual Help Sunday School may include sessions offered through an online platform. This activity will take place under the guidance and direction of parish employees and/or volunteers who are subject to the Archdiocese of Washington's *Child Protection and Safe Environment Policy*. I will be notified of the sessions and how they will be conducted, including registration links should I want to be present with my child.

From time to time I understand that photographs may be taken of my child. I hereby grant Our Lady of Perpetual Help permission to photograph my child for any legal use including, but not limited to the parish website, bulletin or other promotional materials. \_\_\_\_\_ (initial)

I grant permission for my child to attend any field trips or activities away from the parish with the catechetical staff. \_\_\_\_\_ (initial)

I understand that, as parent and/or legal guardian, I remain legally responsible for any actions taken by my child. My child agrees to abide by all rules and regulations outlined for participation in the program, including all rules and regulations outlined for any in person, online session(s) and field trips. I understand and agree that the Office for Catechesis, Our Lady of Perpetual Help and the Archdiocese of Washington will not be held liable if my child fails to cooperate with said regulations and that any infractions of the rules may result in immediate dismissal from the activity.

I, \_\_\_\_\_ (Name of parent or guardian), grant permission for \_\_\_\_\_ (Name of child/ren) to participate in the Our Lady of Perpetual Help Sunday School Program.

Parent/Guardian Name (print) \_\_\_\_\_

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