

OUR LADY OF THE SNOWS & ST. CHARLES CATHOLIC COMMUNITY

Religious Education & Faith Formation Registration

Family Name _____ Home Phone _____ Family E-mail _____
 Address _____ Father's Name _____ Mother's Name _____
 _____ Cell Phone _____ Cell Phone _____
 Emergency Contact _____ Religion _____ Mother's Maiden Name _____
 Phone _____ Occupation _____ Religion _____
 Relationship _____ Work Phone _____ Occupation _____
 Volunteer: Mom and/or Dad _____ Preferred Mass _____ Work Phone _____

					DATES:			
Child's Name	Birthdate	Gender	Grade	School	Baptism	1st Eucharist	Confirmation	Special Needs

Grades	Cost for 1st Child	# of Children	Total
2nd/1st Eucharist	\$65		\$
3rd-5th	\$40		\$
6th-8th	\$40		\$

SECONDARY HOUSEHOLD	
Does the child(ren) live in both households? Yes___ No___	
Name _____	
Address _____	
Phone _____	

Donations, in addition to the above fees, assist with scholarships so ~~all may~~ **all may** participate in our program. Thank you for your generosity. Our faith formation program would not be successful without the time and talent of our volunteer catechists.

Form continues on other side →

My child/children _____ wish to participate in the Faith Formation Program and all trips and activities planned as part of the program, and as a condition of his/her being allowed to do so, I hereby release and discharge the Diocese of Boise, its constituent organizations including, but not limited to Our Lady of the Snows and St. Charles Borromeo Catholic Churches and their officers, agents, and employees from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her participation, whether or not such injuries or damages are caused by the negligence (active or passive) or any of the entities or individuals named or described above.

During the year your child may receive Circle of Grace Training.

This program is designed to provide your child with safety education in the areas of sexual exploitation, abduction, internet crime, drugs, bullying and other school violence.

My child has permission to participate. YES _____ No _____

In the event of an emergency, I hereby give permission to the staff and volunteers of Our Lady of the Snows and St. Charles Borromeo Catholic Churches to seek emergency medical transport and/or treatment for my child(ren) named above. I will be responsible for all costs incurred. I wish to be advised before further care is given by the hospital or doctor.

Parent's Signature _____ Date _____

OUR LADY OF THE SNOWS & ST. CHARLES BORROMEO CATHOLIC CHURCHES have my permission to use photographs of my child(ren) taken at any Religious Education events, on the Church website and other parish communications. Yes _____ No _____

Parent's Signature _____ Date _____

Catechists and aids are needed!

Interested in learning more about volunteering?

Please contact Richard Kulleck at 708-715-3637 or richard91751@gmail.com