

**Our Lady of the Lake Parish Community
Religious Education Registration Form
2026 - 2027
Page 1 of 3**

Office Use Only	
Date Paid	
Ck#	Cash
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Welcome to Our Lady of the Lake's Religious Education Program. We offer religious education to school age children through eighth grade. Ninth grade is also offered and it is in that year that students make their Confirmation. First Reconciliation and First Communion are made in second grade. Both of these sacramental years are two year programs with the preceding years of first and eighth grades being preparatory years. Good attendance is always important but especially so as the students prepare to make their sacraments.

Please Print

Parent Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____ Home (Landline) _____

(Mom) Cell #: _____ E-Mail: _____

(Dad) Cell #: _____ E-Mail: _____

Please provide a phone number where you can be reached during class:

All students are welcome to participate in this program. We are happy to accommodate those students with special needs. Please list the children you are enrolling for this Religious Education year.

Child's Information	Child's Information
Name:	Name:
Nickname:	Nickname:
DOB: M F	DOB: M F
School attending <u>and grade</u> in Sept 2026:	School attending <u>and grade</u> in Sept 2026:
Medical Issues/Special Needs; What should we be aware of in regard to your child?	Medical Issues/Special Needs; What should we be aware of in regard to your child?
Circle Sacraments that have been received: Baptism Reconciliation First Communion	Circle Sacraments that have been received: Baptism Reconciliation First Communion

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Photo Release

With my signature, I hereby grant permission to Our Lady of the Lake Parish to publish a photo image of myself or a child in my family. I understand and agree that the use of my child(ren)'s picture is not an invasion of privacy. Neither I nor anyone claiming to be speaking on my behalf will later object to the Parish's use of this/these photographs or any form of media.

Signature of Parent or Legal Guardian

Date _____

Medical Consent

In the event of an illness or injury and I cannot be reached, I/We give permission to transport my child to a hospital for emergency medical treatment. I/We also grant permission to any and all health care providers designated by Our Lady of the Lake staff to provide all children listed above any and all necessary medical care related to the injury or illness. I/We further understand that I/We will be contacted as soon as practical as to the medical emergency and be provided with all necessary information related to the medical emergency.

Signature of Parent or Legal Guardian _____ Date _____

Are you a registered parishioner at Our Lady of the Lake Parish?

____ Yes ____ No ____ Unsure

Fee prior to August 30, 2026:

_\$30.00 per child, \$60.00 for 3 or more _____

Fee after August 30, 2026:

\$35.00 per child, \$70.00 for 3 or more

Make checks payable to Our Lady of the Lake Parish

Financial assistance is available upon request, contact Father Rob @ 269-699-5870, ext. 123.

Please return the completed form along with the fee in the envelope provided by 8/30/26.
You may mail the form or bring it into the parish office. Office hours are Monday through Wednesday and Friday, 9:00 AM to 2:00 PM. (The office is closed on Thursday.)

**For your convenience, you may also place the completed form
and fee in the Sunday collection basket.**

For further questions contact the parish office @ 269-699-5870.

Visit our web page at www.ourladyedwardsburg.org for additional information.

Parent Signature _____ Date _____