

Our Lady of Fatima Faith Formation

**REGISTRATION
FOR 2019-2020**

160 Concord Road Sudbury, Massachusetts 01776
978-443-9166

FAMILY NAME _____ FAMILY EMAIL _____ HOME PHONE _____
 Guardian #1 _____ Email _____ Cell Phone _____
 Guardian #2 _____ Email _____ Cell Phone _____
 Address _____
 Emergencies (If not available) _____ Contact Phone _____

Class Day/Times (please circle applicable sessions)

PK - Grade 6

Sunday Morning: 8:30am – 9:30am or 10:30am – 11:30 am (Mass Participation at 9:30am)

Monday and Tuesday Afternoon: 4:15pm –5:15pm

Tuesday Morning: 10:00-11:00am (PK and homeschoolers)

Grade 7 - 8 – Sunday 4:00pm - 6:30pm (Mass at 5:30pm Snack before Mass)

Grade 9 - 11 Sunday 5:30pm - 8:00pm (Mass at 5:30pm, followed by class and includes meal)

CHILD 1						
NAME _____				DATE OF BIRTH _____		
First	Middle	Last				
CHILD PREFERS TO BE CALLED _____				M or F _____	SCHOOL _____	GRADE (in the fall '19) _____
SACRAMENTS	YES	NO	CHURCH	CITY, STATE	DATE	
BAPTISM	___	___	_____	_____	_____	
FIRST EUCHARIST	___	___	_____	_____	_____	
CONFIRMATION	___	___	_____	_____	_____	
CLASS DAY/TIME PREFERRED _____			Allergies _____			

CHILD 2						
NAME _____				DATE OF BIRTH _____		
First	Middle	Last				
CHILD PREFERS TO BE CALLED _____				M or F _____	SCHOOL _____	GRADE (in the fall '19) _____
SACRAMENTS	YES	NO	CHURCH	CITY, STATE	DATE	
BAPTISM	___	___	_____	_____	_____	
FIRST EUCHARIST	___	___	_____	_____	_____	
CONFIRMATION	___	___	_____	_____	_____	
CLASS DA/TIME PREFERRED _____			Allergies _____			

CHILD 3						
NAME _____				DATE OF BIRTH _____		
First	Middle	Last				
CHILD PREFERS TO BE CALLED _____				M or F _____	SCHOOL _____	GRADE (in the fall '19) _____
SACRAMENTS	YES	NO	CHURCH	CITY, STATE	DATE	
BAPTISM	___	___	_____	_____	_____	
FIRST EUCHARIST	___	___	_____	_____	_____	
CONFIRMATION	___	___	_____	_____	_____	
CLASS DAY/TIME PREFERRED _____			Allergies _____			

Family Information

FATHER'S NAME _____ **Catholic:** _____ **Yes** **No** **Date of Birth** _____

ADDRESS (If different than child's) _____

OCCUPATION _____ DAY PHONE _____

MOTHER'S NAME _____ **Catholic:** _____ **Yes** **No** **Date of Birth** _____

ADDRESS (If different than child's) _____

OCCUPATION _____ DAY PHONE _____

Marriage Date _____ Place of Marriage _____

Receive Envelopes/Support Parish with Online Giving. Y N

Children not yet renrolled in the program:

NAME DATE OF BIRTH BAPTISM - Church & Date

NAME DATE OF BIRTH BAPTISM - Church & Date

If there is any information about your children that would be helpful for us to know, please include that information in the space below or as a separate note.

I do ___ give permission for my children to be photographed during church activities.

_____ Parent Signature

Registrations are due today or as soon as possible to help us plan session group sizes and materials!

REGISTRATION FEE

April 1 1 Child \$175 2 Children \$250 3 or more children \$325

Are you paying by Check Online Scholarship

No child will be turned away because of inability to pay.

Checks are payable to: Our Lady of Fatima

Mailed to: Our Lady of Fatima Faith Formation 160 Concord Road Sudbury, MA 01776

Faith Formation Support Opportunities

An effective parish faith formation program relies on families for continuing support. There are many opportunities for parents to share their time and talents in a way that will benefit not only their children but also the whole parish community. Parent help is essential to make the faith formation program a beneficial and enjoyable experience for the children and catechists.

I am willing to support faith formation in the following area(s) please circle:

FAITH FORMATION VOLUNTEER OPPORTUNITIES

- Faith Formation Leader Day/Time _____
- Faith Formation Coordinator
- Substitute/Assistant Day/Time _____
- Hospitality Help 9:30 Mass
- Edge (Middle School) Help with Snacks
- Life Night (High School) Help with Meals
- Service Projects
- Administrative Assistance
- First Eucharist and First Communion Preparations
- Nativity Pageant
- Confirmation Reception

*Important - In order to provide a safe environment for our children:

1. We are asking ALL parents to sign a permission to perform a CORI Check (Criminal Offense Record Investigation) since on occasion during the year you may be asked to be with our children as a teacher, classroom helper, substitute or help with special events.

2. In addition we encourage all parents to take the Protecting God's Children workshop, which is required for any adult working with children.

FOR OFFICE USE:

Date Paid _____ Manner of Payment Check # Online Scholarship

Amount Paid _____