

Re-enrollment \_\_\_\_\_ New Registration \_\_\_\_\_

(If New Registration - has your child been enrolled in a Faith Formation Program previously? \_\_\_\_\_  
If yes, what was the last grade successfully completed? \_\_\_\_\_ )

Our Lady of Fatima,  
One Fatima Way Cumberland, Rhode Island 02864  
Faith Formation Registration 2017-2018

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Student's Last Name	First Name	Date of Birth	Church/City, State of Baptism
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Street Address	City/Town	State	Zip Code
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Grade: \_\_\_\_\_ Please Note: Sacramental Preparation is a two year commitment. Students must complete 1<sup>st</sup> grade to enter 2<sup>nd</sup> grade and complete 9<sup>th</sup> grade to enter 10<sup>th</sup> grade.

Student resides with: (\_\_\_ both parents) (\_\_\_ mother) (\_\_\_ father) (\_\_\_ other)

Mother's First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Maiden Name \_\_\_\_\_ Cell # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Email address \_\_\_\_\_

Father's First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Cell # \_\_\_\_\_ Email address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Registered members of Our Lady of Fatima Parish? \_\_\_ Yes \_\_\_ No, please send me a form to register

In case of emergency and we are not able to contact you, please indicate the person to be contacted:

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Name	Phone	Cell Phone
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Does your child have any allergies (food, environment, medicine, etc.) or any unusual health conditions?  
If so, please explain.

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Does your child have any special learning needs and if so, does he/she require special accommodations?  
If yes, please explain.

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(CONTINUED ON BACK)

Are there any special circumstances regarding child custody or persons to whom your child may not be released? If so, please explain or call the Parish Religious Education and Faith Formation Office.

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**Permission to Photograph:** Photographs of the children may occasionally be taken during Faith Formation class or when participating in a special event. These photos may be used by teachers for a class project or display, parish publication, parish website, Face Book or other publication.

\_\_\_\_\_ Yes, I grant permission for my child's photograph to be taken in accordance with the terms listed above.

\_\_\_\_\_ No, please DO NOT photograph my child.

*It is the responsibility of the parents to inform their child to remove themselves from any photo opportunity.*

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

**For NEW REGISTRATIONS ONLY - Please complete the Sacramental History Section below.**

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Child's Sacramental History: (New Registrations please attach a Birth Certificate if other than OLF)

Baptized            No    Yes    Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Date: \_\_\_\_\_

First Confession    No    Yes    Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

First Communion    No    Yes    Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Date: \_\_\_\_\_

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**Office Use Only**

Total # of students registered \_\_\_\_\_

**\$45 per child/third child free until June 30, 2017**

**July 1, 2017 – September 3, 2017 \$55 per child/third child free**

**After September 4, 2017 \$65.00 per child**

Payment Received: Date: \_\_\_\_\_ / Amount \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_