



## Our Lady of the Lake Family Faith Gatherings Registration

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

Are you a registered member of Our Lady of the Lake? \_\_\_ Yes \_\_\_ No

**Contact Information:**

Which Mass do you typically attend: 5pm\_\_\_ 9am\_\_\_ 11am\_\_\_

**Contact Name** \_\_\_\_\_  
Last First

**Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
Street City Zip

**Cell Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

Most gatherings will take place the first weekend of the month, October through March. Please select the time that works best.

Gathering Time:  Saturday Night (after 5pm Mass)  Sunday 12:15 (after 11am Mass)

Please fill in the names of all family members (including adults) attending the Family Faith Gathering and list the grades for school age children and the ages of infants and toddlers. Gatherings are open to parishioners of all ages.

First Name	Grade K-12 (age of infants & toddlers)	Special Dietary Concerns

Tuition is \$25 per person or \$50 per family for the entire year of Family Faith Gatherings

For office use only: E02-38-524-45

Date Received	Check #	Amount	Pd/Due	Initial

**Please complete the health information  
and sign the back the of the form⇒⇒⇒**

## Health Information and Release Form

This form will be used for Faith Formation and Youth Ministry Programs and Activities

**If there are no medical concerns or allergies, you may skip this section**

**If your child has allergies or medical conditions please list them here. A Medical Action Form must be filled out by a health care professional for any child with an allergy and/or a medical condition that affects the child during the time that they are in the classroom.**

Child's Last Name	Child's First Name	Allergies

**If your child has any special needs that affect his/her time in the classroom (learning, emotional or social challenges) please list them here:**

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As legal guardian, I give permission for my child(ren) to participate in the Faith Formation Program, including service trips and other activities sponsored by the Faith Formation & Youth Ministry Program of Our Lady of the Lake Catholic Church.

I understand that photos and video taken may be used for classroom use, publicity and promotion of programs. I understand that there will be no remuneration for such use. If I do not wish for my child's photo to be used, I will submit my request in writing to the Faith Formation Office.

I hereby authorize first aid/medical treatment for my child/children, listed above, in the event of an emergency, which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to contact the parents/legal guardians listed on this form, as soon as reasonably possible. In the event that the aforementioned requires my authorization for treatment and I cannot be reached in an emergency, I hereby give my permission to the physician selected by the activity leader to hospitalize, secure medical treatment, and/or order an injection, anesthesia or surgery for the aforementioned as deemed necessary. I understand all reasonable safety precautions will be taken at all times by the parish and its agents during Our Lady of the Lake Programs. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Our Lady of the Lake Parish, its leaders, employees, drivers, volunteers, or the Roman Catholic Diocese of Grand Rapids liable for damages, losses, diseases, or injuries incurred by the aforementioned.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date