

Our Lady of the Lake Discipleship Classes Registration Form 2019/20

Date: _____

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

Family Information: (one form per last name) Which Mass do you typically attend: 5pm ___ 9am ___ 11am ___

Name _____
 Last (Child/ren's Last) Father's First Mother's First (Parent's Last (if different))

Address _____ Home Phone _____
 (Street, City, Zip)

Mother's Cell Phone _____ Father's Cell Phone _____

Mother's Email _____ Father's Email _____

Tuition:
 \$75 per Student
 \$200 per Family
 +
 \$30 per Person/\$75 per family
 Parish Family Gatherings

**Classes begin the week of
 September 22nd**

Discipleship Options at Our Lady of the Lake- For more in-depth descriptions, see the parish website, www.oll.org

Child's Name: Please write the name the child wishes to be called. Include names of all family members enrolling in Parish Family Gatherings.	Child's Age	Child's Grade	CGS Lv 1 (3 yrs old-Kinder): Sundays 4:30-6:30 pm	CGS Lv 2 (1st-3rd): Sundays 4:30-6:30 pm	4th/5th Grade Sundays 4:30-6:30 pm	Middle (6th & 7th Grade): Sundays 5-6:30 pm	Confirmation (8th Grade): Sundays 5-6:30 pm	Life Teen (High school): Sundays 7-8:30 pm	CGS Lv 1 (3 yrs old-Kinder): Wednesdays 4:30-6:30 pm	CGS Lv 2 (1st-3rd): Wednesdays 4:30-6:30 pm	Parish Family Gatherings: First Saturday of Month, November-March	List any -Severe Allergies* -Special Needs* -Classroom/Friend Requests *A Medical Action Form must be filled out by a Health Care Professional

As legal guardian, I give permission for persons listed above to participate in programs, including classes, service trips and other activities sponsored by the parish 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 Community Life 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

Office Use Only:		
Date:	Check #:	Amount