

## EVANGELIZATION and FAITH FORMATION REGISTRATION

*FORMING DISCIPLES: Through Witness, Worship, Catechesis, and Service*

Our Lady of the Fields Church, 1070 Cecil Avenue, Millersville, MD 21108

**Office: 410-923-6953    [faithformation@olfparish.com](mailto:faithformation@olfparish.com)    Fax: 410-923-6992**

Date Rcvd _____
Amt. Rcvd _____
Payment _____ Dsc _____
Approved _____

Registration for year: \_\_\_\_\_     **Re-Registration**     **New Registration**

Family Name	Phone Number:
Mailing Address	E-Mail Address <i>(For correspondence &amp; emergency purposes only)</i>
City, Zip	

	Name	Religion	Occupation	Cell Phone	E-mail Address <small>(If different from above)</small>
Father					
Mother					

Child/Children Live with:  Both Parents     Mother     Father     Step Parent     Guardian     Grandparent

Other Name: \_\_\_\_\_ As needed, second mailing address: \_\_\_\_\_  
 email: \_\_\_\_\_ phone: \_\_\_\_\_

Student's Name	Date of Birth	Gender	Grade in Sept	School Attending	Class Selection 1st Choice/2 <sup>nd</sup> Choice <small>(See reverse side)</small>	Sacraments Already Received in Catholic Church		
						Baptism <small>(Church/date)</small>	Reconcil- -iation	Eucharist
1.								
2.								
3.								
4.								

If you are new to our program, please list the name of the parish and the years/grades in which your children attended faith formation classes. \_\_\_\_\_

Please advise us of any medical concerns regarding your children.  
 \_\_\_\_\_  
 \_\_\_\_\_

*For families with special needs, please contact the office concerning placement.*

**Sacramental Preparation:** *To receive any sacrament, your child must be a registered parishioner, regularly attend Mass, and participate in Faith Formation classes or Catholic School for at least one year prior to and during the period of preparation.*

**IFF: Initial Faith Formation:** Formation sessions for baptized children (2<sup>nd</sup> grade or older) enrolling for the first year of formal faith formation in preparation for celebration of the sacraments during a second (consecutive) year.

I would like my child(ren) to participate in Sacramental Prep this year

Child's Name	Baptism	Reconciliation	Eucharist	Confirmation

Parents or Legal Guardians must attend all Sacramental meetings as required by the Archdiocese of Baltimore

I would like my child to participate in RCIA for Children. (This is a program for children ages 7-17 and are seeking initiation in the Catholic faith)

**Class Sessions at the Parish Center**

**3 year olds, 4 year olds, Kinder, 1<sup>st</sup>, & 2<sup>nd</sup> (limited to children with siblings in PK or K) Sunday 9:30am, 11:00am**

**Grades K-8: Sunday 8:00am, 12:30pm, 4:45pm (no K), Tuesday 4:30pm, Wednesday 4:30pm**

**Confirmation (grade 9 & up): Sunday 8:00am, 12:30pm, 4:30pm, Tuesday 4:30, Wednesday 4:30pm, Wednesday 6pm**

**EMERGENCY CONTACT INFORMATION**

**In case of an emergency during faith formation program, please provide us with additional contact information.** *(All information is kept strictly confidential and shared only with your child's catechist).*

I, the undersigned parent or legal guardian of: \_\_\_\_\_

(a minor), do hereby authorize adult volunteers of Our Lady of the Fields Faith Formation or adult staff members of Our Lady of the Fields to obtain medical care from a licensed physician, hospital, or medical clinic for my child in the event that I cannot be reached. I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY Our Lady of the Fields Church, any of its ministries or leaders, the Division of Evangelization and Catechesis, the Roman Catholic Bishop of Baltimore and his successors, A Corporate Sole, and all their agents, servants and employees from any liability, claims and causes of action arising out of my child's participation in the program.

(Check one of the following)

\_\_\_\_ I am covered by hospitalization and medical insurance under policy: # \_\_\_\_\_ issued by \_\_\_\_\_

\_\_\_\_ I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my child(ren).

Please list any allergies and actions to be taken in case of exposure or any special needs: learning, physical, etc. Please list any medical information concerning medications, allergies, or dietary restrictions, etc. \_\_\_\_\_

Does your child(ren) have any of the following? ADHD \_\_\_\_\_ Autism \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Emergency Contact name/number (other than parent): \_\_\_\_\_

**COWORKERS/VOLUNTEERS:** We rely greatly on volunteers to make our Faith Formation Program a successful one. Please indicate an area in which you might be able to help us.  Catechist  Catechist Aide (Catechist and Catechist Aides will receive a 50% reduction in tuition.)

Other opportunities:  Youth Ministry support  Confirmation Support  Other program support (Consideration for tuition reduction can be requested for these opportunities.)

Name: \_\_\_\_\_ For Grade(s): \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

(All volunteers must be in full compliance with the Archdiocesan Guidelines for the Protection of Children and Youth before they can work with children.)

**Registration deadline is July 1<sup>st</sup> for the coming year (LATE FEE OF \$50 WILL BE ASSESSED TO ALL REGISTRATIONS RECEIVED AFTER JULY 1ST.**

**Please register on time, class adjustments can be made. Registrations will not be processed during the month of September)**

<u>Tuition:</u> PK-Grade 8	1 child (Gr.PK-8)	\$140
	2 children (Gr.PK-8)	\$170
	3 or more children (Gr.PK-8)	\$190

**Confirmation (separate fee from Faith Formation) \$220**

Are you registered member of OLF? Yes / No <i>(If not, please fill out a parish registration form from website and submit with this form.)</i> <u>Check one:</u> -Cash Enclosed _____ -Credit Card (use form attached) _____ -Check Enclosed _____ -On-line payment (via OLF website) _____
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No child will be denied Faith Formation due to lack of funds. Please contact the Faith Formation office if financial assistance is needed so that a payment plan can be developed.

**As an integral part of our faith formation curriculum, we will be teaching Catechesis for Family Life. This age appropriate program about Christian living, chastity, character formation, and safe environment training promotes communication between you and your child.**

**You may contact the office to preview the Archdiocesan approved materials.**

**Please return this signed registration form to:  
Our Lady of the Fields Church  
Attn: Evangelization and Faith Formation, 1070 Cecil Avenue,  
Millersville, MD 21108**

**\*\*\*Parent/Legal Guardian signature: \_\_\_\_\_ (Date) \_\_\_\_\_**

(Form must be signed and dated in order to process the registration)