## Our Lady of the Mountains Religious Education

# Student REGISTRATION FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| SS. Peter and Paul Shrine, Sundays 9:15 a.m. to 10:30 a.m. |  St. Ambrose, Cresaptown, Sundays 10:15 a.m. to 11:30 a.m.  |

Student CONTACT INFORMATION (All Information kept Confidential, only used for EMERGENCies OR to Provide OLM Information)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Last name:  |  First:  | Middle:  |  | School Attending: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Cell Phone? | May we contact the student via cell? | Student Cell No.: | Birth Date: | Age: | Sex: |
|  |  |  |  |  |  |

**PARENT CONTACT INFORMATION**

|  |  |  |
| --- | --- | --- |
| Parent/Guardian’s Name: | Address: | Cell phone no.: Home phone no.: |
|  |  |  |
| Spouse/Guardian’s Name: | Spouse/Guardian’s Address: | Spouse/Guardian Cell no:  |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student resides with: Mother Father Both Guardian | Are both Mother and Father Catholic?  |  |  |  |

**In order to help keep you informed in the best possible way, please complete the following information about yourself and the student:**Personal ConTact Information**Parent/Guardian E-mail Address: :**

|  |  |  |  |
| --- | --- | --- | --- |
| Are you on Facebook? |  | Other Social Media?  |  |
|  |  |  |
| May we add you to the OLM Facebook Groups? |  | May we contact the student on Facebook to keep them updated on youth events & parish functions? |  |
| Is the Student on Facebook?  |  | Other Student Social Medial? |  |
|  |  |  |  |

**Does the student have any special needs? Please indicate (All information kept confidential ) This information will help us better serve the student**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Sacrament History (Please Indicate Date & Church)**

|  |  |  |  |
| --- | --- | --- | --- |
| Baptism  | First Communion: | Reconciliation:  | Confirmation: |
|  |  |  |  |

**Would you like more information on Adult Faith Formation?** **Would you like to volunteer at Youth Events?**IN CASE OF EMERGENCY

|  |  |  |  |
| --- | --- | --- | --- |
| Name of local friend or relative: | Relationship to Student: | Home phone no.: | Work phone no.: |
|  |  |  |  |

**By registering my child in the Faith Formation Program, I understand that** as an integral part of our faith formation curriculum, the teaching of the Catechesis for Family Life will be incorporated. This age-appropriate program about Christian living, chastity, character formation, and safe environment training promotes communication between you and your child. You are encouraged to review the program materials that the catechist will be using in the classroom, as well as the materials you will receive for home discussion. The materials will be available at both church sites. After examining the program, if you have any questions or concerns about your child participating in this program, please contact Monica Beck, Coordinator of Faith Formation. Parents/guardians of participants are advised that photographs or videotapes of participants may be used in publications, websites or other materials produced from time to time by the parish, Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the parish in writing. Please note that the Released Parties have no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | Patient/Guardian signature |  | Date |  |

 |

**This is a revised student registration form. Please complete, read paragraph on the Family Life Curriculum and photography, and sign and date the form for each of your children in the Faith Formation Program.**

**You may return the registration forms and tuition payment in the mail to the parish office (300 East Oldtown Rd., Suite 2, Cumberland, MD 21502) to Monica Beck’s attention; in the collection basket at any of the Masses (please put in envelope marked ATTN: Monica Beck, Faith Formation Registration; or, on September 17th at the Faith Formation Social.**

**Special Notice regarding Communication:**

**\*\*Except for an occasional special mailing or personal letter, all correspondence regarding Faith Formation will be sent via email and posted on the OLM Faith Formation Facebook Page. Please provide the email address that you use most often. The parish website and bulletin will also be updated.**

**If you do not have an email address, or are not on Facebook, please indicate that on the registration form.**

**Please note on the registration form other social media means that you use and that your teens use for future reference.**

**Thank You ☺**