## Our Lady of the Mountains Religious Education

# Student REGISTRATION FORM

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| St. Patrick, Cumberland. Sundays 9:30 a.m. to 10:45 a.m. | St. Ambrose, Cresaptown. Sundays 10:15 a.m. to 11:30 a.m. 11th&12th Youth Center |

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

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

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| Student Cell Phone? | May we contact the student via cell? | Student Cell No.: | Birth Date: | Age: | Sex: |
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**Parent Contact Information**

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| --- | --- | --- |
| Parent/Guardian’s Name: | Address: | Cell phone no.: Home phone no.: |
|  |  |  |
| Spouse/Guardian’s Name: | Spouse/Guardian’s Address: | Spouse/Guardian Cell no:  |
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| Preferred Contact Method: Circle one: US MAIL E-Mail  | Student resides with: Circle: Mother Father Guardian | Parents Religion? |  |  |

**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: Work E-mail/phone:**

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| --- | --- | --- | --- |
| Are you on Facebook? | Are you on Twitter? | Other Social Media?  | May we contact you on social media? |
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| May we add you to the OLM Facebook Groups? |  | May we contact the student on social media to keep them updated on youth events & parish functions? |  |
| Is the Student on Facebook?  | Is the Student on Twitter? | Other Student Social Medial? | May we add student to OLM Youth Facebook |
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**Does the student have any special needs? Please indicate (All information kept confidential ) This information will help us better serve the student**

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

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

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| --- | --- | --- | --- |
| 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, we will be teaching Catechesis for Family Life in January and February. 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 during the month of December. After examining the program, if you have any questions or concerns about your child participating in this program, please contact Joe Keating, Director of Religious Education or 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).

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|  | Patient/Guardian signature |  | Date |  |

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