

**FAITH FORMATION REGISTRATION FORM
OUR LADY OF THE SNOWS**

Dexter Campus

Dover Foxcroft Campus

Student Name		
Mother's Name		
Father's Name		
Mother's Full Maiden Name	Home Phone:	
Address	Cell phone #	
	E-Mail	

**PARENTS: Please indicate below
where you can help in any of our**

ADULT VOLUNTEER
MINISTRY OPPORTUNITIES

Faith Formation Sessions

VBS: _____

Children's Liturgy of the Word:

Voices of Our
Lady Choir:

Student's Birthday	
Gender	M <input type="checkbox"/> F <input type="checkbox"/>
Baptized Catholic	Y/N <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/>
Received Confirmation	Y <input type="checkbox"/> N <input type="checkbox"/>
Received First Eucharist	Y <input type="checkbox"/> N <input type="checkbox"/>
Received 1st Reconciliation	Y <input type="checkbox"/> N <input type="checkbox"/>

Indicate below other volunteer areas for Children & Youth you would be willing to help in:

Please sign my Child or Youth up for:

Faith Formation Sessions	Grade <input type="checkbox"/>	Sacramental - Preparation	
Children's Ministry K-5		Baptism <input type="checkbox"/>	1st Reconciliation <input type="checkbox"/>
Youth Ministry - Jr High		1st Eucharist <input type="checkbox"/>	Confirmation <input type="checkbox"/>
Youth Ministry - Sr High			

Parent / Guardian Contact Phone Number During Class:

In case of an Emergency Notify:

Name	Relationship	Phone #
1		
2		
3		

Allergies:

Special Needs or Concerns:

My child can be released to the following individuals:

Name	Relationship

Special Instructions concerning contact with other people:

Signature of parent or guardian: _____ **Date:** __/__/__

***Note: It is the parent's / guardian's responsibility to notify Cathy Beaudry, PCL of any changes in this information failure to do could result in misunderstandings.**

2009-2010 FAITH FORMATION REGISTRATION FORM OUR LADY OF THE SNOWS

With the desire to protect all children, the Roman Catholic Diocese of Portland has implemented a new program, "Protecting God's Children". The safety guidelines and rules within this program must be followed to protect all the children participating in parish-sponsored activities

Our adult teachers and volunteers that work with our child have been trained under the "Protecting God's Children" program and have had background checks completed. Parish policies and procedures have also been implemented. Providing safe and secure programs for our children is of utmost importance to this parish.

Please read and initial the following statements:

_____ I will accompany my child to his / her classroom.

_____ I will not leave my child unattended or alone on parish property or at parish-sponsored activities.

_____ I will come into the building and pick up my son / daughter directly upon class dismissal.

_____ I understand that my son / daughter will only be released to the individuals listed on the front of this form.

_____ If other transportation arrangements are made, I will provide a written note to his / her teacher upon arrival to class.

_____ If my son / daughter will be released to an individual under 18 years old, driving himself / herself, or walking, I will complete the Special Transportation Form.

My signature below indicates that I have read and understand all of the above.

Parent / Guardian Signature: _____ Date: ___/___/___