

FAITH FORMATION
REGISTRATION
FORMACION DE LA FE
REGISTRO

Religious Education Program
2018-19

St. Olaf Catholic Church
18943 Caldart Avenue NE
Poulsbo, WA 98370

(360) 779-4291

FOR OFFICE USE ONLY

Date Received:

Date Entered:

FAMILY INFORMATION
(INFORMACION DE LA FAMILIA)

Father's/Guardian's Name (Padre/Guardian Nombre)		Mother's/Guardian's Name (Madre/Guardian Nombre)
PRIMARY Telephone Number (Primario Numero Telefonico)	PRIMARY Mailing Address (Primario Direccion)	PRIMARY Email Address (Primario Correo Electronico) PLEASE PRINT

STUDENT INFORMATION
(INFORMACION DEL ESTUDIANTE)

<u>Last</u> Name (Apellido)	<u>First</u> Name (Nombre)	Nickname (Apodo)	DOB (F.de Nac.)	Grade (Grado)	School (Escuela)
1.					
2.					
3.					
4.					

EMERGENCY CONTACT
(CONTANTO DE EMERGENCIA)

Parent/Guardian Name (Nombre)	Telephone Number (Numero Telefonico)	IN CASE OF EMERGENCY, if parent/guardian cannot be reached, the bearer of this form is authorized to act on your behalf to seek medical treatment, as deemed necessary, for the child registered on this form. If you agree, please sign to the left.
Parent/Guardian <u>Signature</u> (Firma del Padre)	Date (Fecha)	

PHOTO RELEASE
(LIBERACIÓN DE FOTOS)

I, grant Saint Olaf Catholic Parish the right to publish, reproduce, and display photographic and/or video images, and/or audio recordings of the students listed above, for use in all media, electronic or otherwise, for publications, advertisements, web pages, social media, and/or service projects of Saint Olaf Catholic Parish, and is not authorized to sell such photographic images, video images, or audio recordings to any other person or entity without my consent. I understand that the parish may associate the photographic image, video image, or audio recording with the first name of the Individual and the name of the parish where Individual is a parishioner. I further acknowledge and agree that neither I nor Individual, if Individual is a minor, has or shall have any ownership interest in any informational or advertising material which utilizes, incorporates, or consists of the photographic images, video images, and/or audio recordings or in any copyright embodied therein. I am in agreement with these photo release terms; please see signature below.

Parent/Guardian <u>Signature</u> (Firma del Padre o Madre)	Parent/Guardian Name (Nombre del Padre/Madre)	Date (Fecha)
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MEDICAL HISTORY
(HISTORIA MEDICA)

Please explain any medical conditions that we should be aware of. (Por favor, explica cualquier condicion medica.)

Is there anything you would like to share about your children or family?

SACRAMENTS OF INITIATION
(SACRAMENTOS DE INICIACION)

DOES YOUR CHILD NEED? (?TU HIJO NECESITA?)

First Reconciliation & First Eucharist (Confession/ Confesion) & (Communion/Comunion) <input type="checkbox"/> Yes (Si) <input type="checkbox"/> No (No) Child's Name: _____ If yes, fill out the Blue Form (Forma Azul) . <u>(One parent must attend these classes with child.)</u> BAPTISM CERTIFICATE REQUIRED	Confirmation (Confirmacion) <input type="checkbox"/> Yes (Si) <input type="checkbox"/> No (No) Child's Name: _____ If yes, fill out the Green Form (Forma Verde) . BAPTISM CERTIFICATE REQUIRED.
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Please submit completed registration forms to Kim Baumann at the Parish Office or R.E. Building.

QUESTIONS? ?PREGUNTAS? Contact Kim Baumann at 360-779-4291 Ext. 1 or stolafformation@stolafschurch.org