



Sunday school Registration K-6  
2018-2019

Family Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Catholic Yes \_\_\_ No \_\_\_  
(First) (Last)

Father's Cell \_\_\_\_\_ Father's Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Catholic Yes \_\_\_ No \_\_\_  
(First) (Maiden) (Last)

Mother's Cell: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Children live with \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian

Guardian (if other than parent): \_\_\_\_\_ Relationship: \_\_\_\_\_

Guardian cell: \_\_\_\_\_ Guardian email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

In the event of an Emergency, who else may be contacted? (Name) \_\_\_\_\_ (Number) \_\_\_\_\_

**IMPORTANT NOTE:** Unless you have already done so, please provide a copy of your child's Baptismal Certificate if he/she **WAS NOT BAPTIZED** at Our Lady of Victories Church.

**Below, please provide information for your children who will be attending Religious Education Classes at Our Lady of Victories this year:**

1. Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ Cell \_\_\_\_\_

Sacraments received (date & where): Baptism \_\_\_\_\_

Eucharist \_\_\_\_\_ Confirmation \_\_\_\_\_

Special Needs: (food allergies, learning difficulties, physical or health needs/family circumstances) \_\_\_\_\_

2. Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ Cell \_\_\_\_\_

Sacraments received (date & where): Baptism \_\_\_\_\_

Eucharist \_\_\_\_\_ Confirmation \_\_\_\_\_

Special Needs: (food allergies, learning difficulties, physical or health needs/family circumstances) \_\_\_\_\_

3. Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ Cell \_\_\_\_\_

Sacraments received (date & where): Baptism \_\_\_\_\_

Eucharist \_\_\_\_\_ Confirmation \_\_\_\_\_

Special Needs: (food allergies, learning difficulties, physical or health needs/family circumstances) \_\_\_\_\_

**\*\*\*Please complete both sides of page\*\*\***

4. Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_  
Grade \_\_\_\_\_ Cell \_\_\_\_\_  
Sacraments received (date & where): Baptism \_\_\_\_\_  
Eucharist \_\_\_\_\_ Confirmation \_\_\_\_\_

Special Needs: (food allergies, learning difficulties, physical or health needs/family circumstances) \_\_\_\_\_

**PHOTO PERMISSION**—*Effective August 1, 2018—July 31, 2019*

There are times when special events occur as part of our PSR Program. During these events, we often take photos of the participating students. We would like to occasionally place these pictures on the church website and/or use for other church publicity. It is the policy of Our Lady of Victories that children NOT be identified by name. Please place a checkmark and sign the appropriate statement below with regard to the use of your children's pictures.

\_\_\_\_\_  
Name(s) of Minor Child/Children

\_\_\_ I **GIVE permission** to have pictures taken of my child/children during Sunday school that may be used on the Our Lady of Victories website or for other forms of publicity.

Parent signature: \_\_\_\_\_

\_\_\_ I **DO NOT GIVE permission** for pictures taken of my child/children during Sunday school that may be used on the Our Lady of Victories website or for other forms of publicity.

Parent signature: \_\_\_\_\_

**VOLUNTEERS NEEDED**—Please check if you may be able to volunteer at any time during the coming school year and the area that you may be interested in helping with.

\_\_\_ Sunday school / grade level \_\_\_\_\_

\_\_\_ Sunday school Assistant & grade level \_\_\_\_\_

\_\_\_ Sunday school Substitute & grade level \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

**Sunday school: K5- 6<sup>th</sup> grade.**

**Sunday mornings at 10:15 am to  
11:00 am**

Your name: \_\_\_\_\_