

Sunday School Registration 2011-2012

Please fill out front and back **continue on page 2 ⇨**

Father's full name: _____ **Cell phone:** _____
(emergency number used during Mass)

Mother's full name: _____ **Cell phone:** _____
(emergency number used during Mass)

PRIMARY address: _____

City: _____ Zip: _____

Home phone: _____

E-mail address (required): _____
(primary form of communication)

Additional e-mails: _____

Child/Youth lives with: **Please circle all that apply:** Both Parents Mom Dad Guardian

SECONDARY parent/guardian name: _____

Address: _____

City: _____ Zip: _____

Home phone: _____ Cell phone: _____

E-mail address (required): _____

PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY (if parent(s) are unavailable)

Name: _____ Phone: _____

Relationship: _____

NAMES OF CHILDREN TO BE REGISTERED FOR SUNDAY SCHOOL:

PER CHILD FEES: \$125.00 (BEFORE April 17, 2011) \$150.00 (AFTER April 17, 2011)
(Registration closed after September 21, 2011)

Child's Full Name: _____ Date: _____ Fee: _____

Child's Full Name: _____ Date: _____ Fee: _____

Child's Full Name: _____ Date: _____ Fee: _____

******TUITION COST IS DUE AT TIME OF REGISTRATION ****** **Total Tuition:** _____

Tuition includes \$25.00 non-refundable administration fee per child. No child is denied the opportunity to learn about the Catholic Faith. If you are in need of a full or partial scholarship (kept confidential), please contact Stephanie Lloyd, the Director of Faith Formation at 952.929.3317 ext. 113 or stephanielloyd@olgparish.org.

Office use only: FAW: _____ Approved by: _____ Balance Due: _____

Check Number: _____ Check Amount: _____ Posted: _____ Date Rec. _____

SUNDAY SCHOOL REGISTRATION FORM

9:15 a.m. or 11:15 a.m.

Ages 3, 4, and 5 (Kindergarten) by Sept. 1, 2011

FIRST CHILD (Full name): _____ **Male** **Female**

Nick Name: _____ **Birth Date:** _____ **Age:** _____ **by Sept. 1, 2011**

In Kindergarten? **Yes** **No** **School attending:** _____

Circle class time: **9:15 a.m.—10:30 a.m.** **11:15 a.m.—12:30 p.m.**

My son / daughter has these learning, social, allergy and/or medical needs:

SECOND CHILD (Full name): _____ **Male** **Female**

Nick Name: _____ **Birth Date:** _____ **Age:** _____ **by Sept. 1, 2011**

In Kindergarten? **Yes** **No** **School attending:** _____

Circle class time: **9:15 a.m.—10:30 a.m.** **11:15 a.m.—12:30 p.m.**

My son / daughter has these learning, social, allergy and/or medical needs:

THIRD CHILD (Full name): _____ **Male** **Female**

Nick Name: _____ **Birth Date:** _____ **Age:** _____ **by Sept. 1, 2011**

In Kindergarten? **Yes** **No** **School attending:** _____

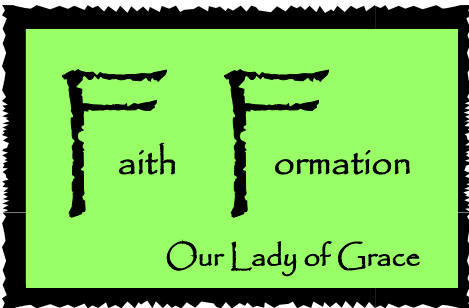
Circle class time: **9:15 a.m.—10:30 a.m.** **11:15 a.m.—12:30 p.m.**

My son / daughter has these learning, social, allergy and/or medical needs:

I give permission for my children's image, photo, or video coverage (without their names) to be displayed (including the parish website) for purposes that are related to parish activities.

I give permission for my children to use hand sanitizer.

Parent / Guardian Signature: _____ **Date:** _____



MINISTRY OPPORTUNITIES SUNDAY SCHOOL

9:15 a.m. or 11:15 a.m.

SHARE YOUR FAITH!

We ask all parents to volunteer in some capacity throughout the year. Volunteers are vital to the success of our Faith Formation program!

NAME: _____ CELL PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

E-MAIL(S): _____

- I am a parent of a Sunday School student I am a teen volunteer (Age 17 and under)
 Other _____

Session(s) I would like to volunteer for (please circle): 9:15 a.m. 11:15 a.m.

PLEASE NOTE: **All positions offer training.** *Tuition for one child is waived for CATECHISTS.*

CATECHIST, SUB-CATECHIST and DESK VOLUNTEER positions are REQUIRED to complete the VIRTUS training program, pass a background check and sign the Volunteer Code of Conduct.

I WILL HELP AS A:

- CATECHIST** (2 to 3 hours a week)
Prepare and teach class, Sundays (9 to 11 a.m. or 11 to 1 p.m.) Position can be shared, and two volunteers are needed in class every week.
- I have previously taught Sunday School.**
I would like to teach with: _____
I would like to teach this age group (please circle): Age 3 Age 4 Age 5/Kindergarten Any
- Please Circle: I Would I Would Not teach in my son / daughter's classroom.**
- Child's Name: _____
- SUBSTITUTE CATECHIST** (as needed)
- I am willing to teach or assist in **any** of the Sunday School classrooms during my child's class time.
- I am willing to substitute during the other class time as well (9:15 or 11:15)
- DESK VOLUNTEER** Sundays, during our program, from 9-10:30 a.m. or 11 a.m.-12:30 p.m.
- MATERIALS PREPARER** (as needed)
Prepare crafts at home or at the church for classroom use. Materials are provided.
- REGISTRATION WEEKEND VOLUNTEERS**
Help with Spring Registration after Masses that weekend.

Office use only:
 Virtus Background Code of Conduct