

**OUR SAVIOUR'S CATHOLIC COMMUNITY REGISTRATION FORM 2010/11
ELEMENTARY RELIGIOUS EDUCATION PK – 8TH GRADE**

FOR OFFICE USE ONLY	DATE REG:	FEES, AMT. RECD.	CASH	CHECK	WAIVED	RECD. BY:
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FEES: \$40 for 1 child; \$75 for 2 children or \$90 for 3 or more children in family.

FAMILY INFORMATION

FATHER'S NAME	STREET ADDRESS	CITY/ZIP	PHONE	RELIGION	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian Will volunteer for: Confirmation Projects <input type="checkbox"/> 1 st Communion Projects <input type="checkbox"/> Substitute teaching <input type="checkbox"/> Room Parent <input type="checkbox"/> Special Events <input type="checkbox"/>
<i>First:</i>					
<i>Last:</i>					
MOTHER'S NAME	STREET ADDRESS <i>(If different from above)</i>	CITY/ZIP	PHONE	RELIGION	
<i>First:</i>					
<i>Last:</i>					
E-MAIL ADDRESS:		Fingerprints on file: Mother: Yes <input type="checkbox"/> No <input type="checkbox"/> Father: Yes <input type="checkbox"/> No <input type="checkbox"/> Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/> Grandparent: Yes <input type="checkbox"/> No <input type="checkbox"/>			

STUDENT INFORMATION

FIRST NAME	LAST NAME	LIVES WITH MOM (M) DAD (D) BOTH (B) GUARDIAN (G)	SCHOOL ATTENDING	GRADE	DOB: M/D/Y	BAPTISM (Y/N)	BAPT. AT OUR SAV. (Y/N)	FIRST COMMUNION (Y/N)	FIRST RECON- CILIATION (Y/N)	CONFIRMATION (Y/N)

MEDICAL CONDITIONS OR ALLERGIES:

EMERGENCY CONTACT OTHER THAN ABOVE: NAME: PHONE #:

Custodial Parent/Guardian Signature
(please review the information on the back of this page before you sign here):

Our Saviour's Catholic Community
5301 North Atlantic Avenue
Cocoa Beach, FL 32931

Permission to Use Photograph

I grant to Our Saviour's Catholic Community, its representatives and employees the right to take photographs of me, my family, and my children. I authorize Our Saviour's Catholic Community to use and publish the same in print and/or electronically, for any lawful purpose related to Our Saviour's Catholic Community, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Date _____

As mandated by the Diocese of Orlando, I have reviewed the "Protecting Your Children" video which can be found at http://www.orlandodiocese.org/who_we_are/child_youth/video.php

Signature _____

Printed name _____

Date _____