

Our Lady of the Mountains
Whistler Catholic Church

Paid \$25 ____

Parish Religious Education Program

Participant Registration 2019-2020

Participant's Name: _____

Address: _____

Mailing Address (if different from above): _____

City: _____ Province: _____ Postal Code: _____

Date of Birth: _____ (month) _____ (day) _____ (year)

Grade: _____ School: _____

The following information is being collected for the safety of your child, and so that we have a way to contact you should there be an accident or incident while your child is in our care.

Allergies/Medication: _____

Family Dr: _____ Phone: _____

Mother's Name: _____ Cell #: _____

Father's Name: _____ Cell #: _____

Child lives with: _____ both parents _____ Mother _____ Father _____ Other

Emergency Contact (other than parents):
Name: _____ Phone: _____

Cell #: _____

<u>Sacrament</u>	<u>Date</u>	<u>Parish</u>	<u>City, Province, Country</u>
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
First Communion	_____	_____	_____
Confirmation	_____	_____	_____

Proof of Baptism is required at the time of registration. Please provide a copy or bring the original to the office to be copied. If your child was baptized at OLOM, please give the date of Baptism.

In what ways are you able to help with our program?
(teaching, helping with crafts and special projects, serving snacks, lead group activities, etc). _____

Registration fee for the 2018-2019 school year is \$25 per child. However,
registration is free if you volunteer to be a helper or to teach Catechism.

Please turn over for email authorization

Participant Name: _____

Email Authorization

Email is one way in which teachers will communicate with parents regarding our Parish Religious Education Program. Your permission to provide your email address to our volunteers for this purpose is needed. Please indicate your preference below.

_____ Yes, my email address may be used by volunteers for the purposes of communication regarding Religious Education **and** may be included on emails so that others have access to my email address.

_____ Yes, my email address may be used by volunteers for the purposes of communication regarding Religious Education **but may not** be included on emails so that others have access to my email address.

_____ No, I do not wish my email address to be circulated to volunteers. I prefer to be notified by reading the church bulletin, or by being contacted by telephone for any last-minute notices not published in the church bulletin. *Please advise the church office if you wish to receive the church bulletin by email.*

Email address: _____

Phone number _____

Signature _____

Date _____