

703-978-4141 ext.128 or 129

Registration Rate After August 1, 2019: \$170.00 for one child; \$190.00 for two or more children

Office Use Only

Parish Registration on
file _____

Out of Parish _____

Check # _____

Fee Paid _____

Year of Faith Formation

Baptismal Certificate

CHILD'S LAST NAME _____ FATHER'S FULL NAME _____ RELIGION _____

MOTHER'S FULL NAME	RELIGION
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FULL ADDRESS

PRIMARY CONTACT #	FATHER'S CELL#	MOTHER'S CELL#
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PRIMARY EMAIL	SECONDARY EMAIL

Parents' Marital Status (circle): Married Separated Divorced Widowed Single

Child(ren) resides with (circle): Both Parents Mother Father Other (specify name & relationship): _____

PROGRAM & SESSION CHOICES (Please Indicate Letter of Session for each child)

(A) Sunday: 10:15-11:30am

(B) Sunday: 12:15-1:30pm

(C) Monday 5:00-6:15pm

(D) Tuesday 5:00-6:15pm

Indicate with a checkmark which Sacraments each child has **already received**.

[illegible]

EMERGENCY CARE INFORMATION 2019-2020

(one per child)

CHILD'S FIRST NAME _____

LAST NAME _____

EMERGENCY CONTACT INFORMATION if the Parent(s)/Guardian cannot be reached:

Name of Person _____ Relationship _____ Phone _____

My child's medical care is provided by: _____ Phone _____

CARPOOL AUTHORIZATION

Name of Person _____ Relationship _____ Phone _____

Check any current health condition that may require attention during the time your child is with us:

Food Allergies (list) _____

___ Asthma

___ Diabetes

___ Other: _____

If your child receives special accommodations during the school day, please describe below so that we can provide a safe and nurturing learning environment for your child:

St. Mary of Sorrows Church has my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment, which a physician deems necessary for the well being of my child.

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

I **DO** give permission for my child's photograph to be included in approved St Mary of Sorrows/RE functions/publications.

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