

Office Use Only
 Received ___/___/___
 Entered ___/___/___
 Baptism Certificate? Y / N
 Payment: Check / Cash
 Amount: _____
 Date: _____
 Check #: _____

**Our Lady of Joy Religious Education
 2018-2019 Registration Form**

Jane Siatkosky, Coordinator of Religious Education
 412-795-4389 Education@ourladyofjoy.org www.ourladyofjoy.org

A new registration form must be submitted each year.

Child's Full Name (First, Middle & Last)	M/F	Date of Birth	School Grade 2018-2019

Family Last Name: _____ Church Env. #: _____ Home Phone #: _____

Address: _____ E-Mail: _____
Street City Zip

Father's Name: _____ Cell Phone #: _____ Work #: _____ Religion: _____

Mother's Name: _____ Cell Phone #: _____ Work #: _____ Religion: _____
(First, (Maiden), Last Name)

Custody: Are there any custody/legal arrangements? Yes No (If yes, please provide a complete copy of the latest court order)

Children live with: Both Parents Single Parent (Mom or Dad) Joint Custody Parent & Step Parent Guardian
(circle one)

Name: _____ Address: _____
(non-custodial parent)

Do you wish correspondence be sent to non-custodial parent? Yes No

____ I give my permission for my child's picture to appear on the parish website, bulletin boards, and newspaper articles in relation to events that happen in the parish.

____ I give my permission for my child to receive text msg/email/phone calls from the parish and/or youth minister. (6th - 8th gr. students only) All text and email messages will be copied to the parents.

This box : NEW REGISTRATIONS ONLY – (All new students are required to provide a Baptismal Certificate if not baptized at Our Lady of Joy)

Name	City & State of Birth	Baptism Date, Parish, Address	First Communion Date, Parish, Address	Confirmation Date, Parish, Address

**Our Lady of Joy Religious Education
2018-2019 Emergency Care Form**

Please continue to keep phone numbers, emergency contacts and medical history up to date throughout the school year.

Emergency Contact Information

If we are unable to reach you during program hours, whom should we contact? (Name someone other than parents)

Name _____ Relationship _____ Phone Number (home) _____

Consent For Medical Care

(cell) _____

I give my permission that, in my absence, my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program and activities at Our Lady of Joy.

Signed (Parent/Legal Guardian) _____ Date _____

Health/Medical/Learning Disabilities/Allergies, Etc.

Please list the name of your child/ren with any medical or special needs (use a separate sheet if necessary) Please include all medications.

Name: _____

Name: _____

Would you be interested in volunteering as: Teacher Aide Office Traffic Youth Ministry Special Events Crafts Baking
(Please check the areas that are of interest and the Rel. Ed. Office will contact you. Thank You.)

There is a fee required for all students who attend Religious Education Classes at Our Lady of Joy.

OLOJ members Registration Fee: 1 child \$40.00 2 children \$50.00 3 or more children \$70.00

Non-members Registration Fee: 1 child \$60.00 2 children \$70.00 3 or more children \$90.00

Checks should be made out to: **Our Lady of Joy CCD**
Mail or drop off: **2000 O'Block Road, Pgh. PA 15239**

Financial assistance will be provided if needed, please contact the Rel. Ed. Coordinator, Pastoral Assoc. or Pastor.