

2022-2023 OUR LADY OF SORROWS FAITH FORMATION REGISTRATION

Grades 1 – 5 Children’s Faith Formation

Family Last Name			
Mailing Address		City/ Zip	
Mother’s Name	Religion	Email	
Father’s Name	Religion	Home Phone	

STUDENT(S) INFORMATION

First Name	Middle Initial	Last Name	Grade	Birth Date	Baptism Date	Penance Date	Eucharist Date	Confirm Date

Special needs/allergies? _____

AUTHORIZATION FOR MEDICAL TREATMENT AND EMERGENCY CONTACT INFORMATION

As legal guardian for the child(ren) listed on this form, I hereby authorize Our Lady of Sorrows Church to seek medical assistance for my child(ren) in case of emergency.

Signature	Doctor	Phone
Health Insurance	Policy #	Group #
Emergency Contact Person	Relationship	Phone

BOOKS AND SUPPLIES FEE *

*If your child is preparing for the sacraments of 1st Reconciliation and 1st Communion please submit a copy of their Baptism certificate.

# OF CHILDREN	FEE	TOTAL
	x \$35	

* My child will be preparing for 1st Reconciliation Yes____ No____, Preparing for 1st Holy Communion Yes____ No____

*No one will be turned away based on fees.
Contact Tina Laguna for financial assistance (425-888-2974 ext105).

Total Amount Received:
Date Received:

