

OUR LADY OF SORROWS FAITH FORMATION REGISTRATION

**\*Fall 2020\***

**PRE-K THROUGH GRADE 5**

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

**Is there anything special I need to know about your children?** \_\_\_\_\_

**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 \***

	# OF CHILDREN	FEE	TOTAL
Preschool thru Grade 5	1 fee per family - Zoom	\$20 *	\$20
1 <sup>st</sup> Reconciliation Prep.		x \$45	
		Total Amount:	

\*No one will be turned away based on fees.  
Contact Fr. Duc for financial assistance (425-888-2974).

Date Received: