

**Our Lady of Victory Church**

1559 Roxbury Road, Columbus, Ohio, 43212, Email [religious@ourladyofvictory.cc](mailto:religious@ourladyofvictory.cc)

Religious Education **Registration Form 2017-2018**

**Pre-K (Catechesis of the Good Shepherd 4-5 Year Olds),**

**Religious Education K through 8<sup>th</sup> Grade & Adaptive Program (1<sup>st</sup> – 8<sup>th</sup> Grade)**

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_

Parents E-Mail: \_\_\_\_\_

*(This will be PRIMARY FORM OF COMMUNICATION - Please PRINT CLEARLY)*

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

**Pre-K (CGS) through 8<sup>th</sup> Grade & Adaptive Program**

<u>Name of Children</u>	<u>M/F</u>	<u>Current Grade &amp; School</u>	<u>Birthdate</u>	<u>*Baptism Date &amp; Place</u>

\*If NOT baptized at OLV, include a copy of each child's Baptismal Certificate, if you have not already done so.

**Fee – 1 Child - \$140; 2 -\$280; 3 or More - \$300**

**Registration DEADLINE is September 6<sup>th</sup> or you will incur a \$20 LATE FEE.**

Does your child(ren) have special needs/allergies? \_\_\_No \_\_\_Yes - *Please explain:*

**Volunteer Options:** Please consider the following – Volunteers are an important part of our religious education program. You **MUST** have attended “Protecting God’s Children” session and have a **BCI Background Check** done. Visit [www.ourladyofvictory.cc](http://www.ourladyofvictory.cc) under “Our Parish” tab for instructions.

**Protecting God’s Children (need to only take ONCE) & Background Check – Yes or No**

**Classroom Sub - Yes \_\_\_\_\_**

**Medical Authorization:**

In case of emergency, I understand Our Lady of Victory Religious Education will make every effort to contact me. If they cannot, I give my permission to take my child for emergency treatment. I release Our Lady of Victory Religious Education AND Our Lady of Victory Church, staff and volunteers from any liability of any kind due to such an emergency.

Signature of Parent/Guardian and Date \_\_\_\_\_

**Return this form with PAYMENT and SIGN the Harassment Policy on the BACK OF THIS FORM. Thank you!**

Office Use: Payment Received – Check#, Date, Amount \_\_\_\_\_