

Our Lady of Victory Church

1559 Roxbury Road, Columbus, Ohio, 43212, Email religious@ourladyofvictory.cc

Religious Education Registration Form 2018-2019

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

Religious Education K through 8th Grade & Adaptive Program (1st – 8th 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 8th Grade & Adaptive Program

<u>Name of Children</u>	<u>M/F</u>	<u>Current Grade & School</u>	<u>Birthdate</u>	<u>*Baptism Date, Place -Need for NEW Parishioners, 2nd & 8th Gr.</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 6th 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 under “Our Parish” tab for instructions.

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

Yes ___ or **No** ___ I Grant **Permission** to OLV to use my **Child’s Photo** in Print Publications - OLV Bulletin, Newsletter, Religious Ed Yearbook, or Catholic Times. – NOT the OLV Website.

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 _____