

# OUR LADY OF FATIMA SUNDAY SCHOOL REGISTRATION 2020-2021

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

SACRAMENTS ALREADY RECEIVED: Check if yes: BAPTISM \_\_\_\_\_ EUCHARIST \_\_\_\_\_ RECONCILIATION \_\_\_\_\_

CHURCH & TOWN & DATE

BAPTISM: \_\_\_\_\_

Please submit certificate of Baptism.(If Baptised at Our Lady of Fatima- we have your copy on file.)

FIRST EUCHARIST \_\_\_\_\_

PARENT(S)/GUARDIAN(S) NAME(S) REGISTERED IN THE PARISH: Yes \_\_\_ No \_\_\_ Wish to register: Yes \_\_\_ No \_\_\_

MOTHER: \_\_\_\_\_ Faith Tradition: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ TEXT: Yes: \_\_\_ No: \_\_\_

EMAIL \_\_\_\_\_

FATHER: \_\_\_\_\_ Faith Tradition: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ TEXT: Yes: \_\_\_ No: \_\_\_

EMAIL \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

\*Allergies \_\_\_\_\_ \*Medical Issues: \_\_\_\_\_

**\*In case of Emergency:** I give permission for Our Lady of Fatima Staff/Catechists to seek medical attention in the event I cannot be reached. \_\_\_\_\_

**\*Photo release:** I hereby give permission for my child to be photographed/videotaped at Our Lady of Fatima. I also give permission for any photograph to be published in the newspaper, parish website or other publication for the purpose of information or education regarding programs at Our Lady of Fatima Parish. \_\_\_\_\_

Please complete registration and return to the Parish Office. 3307 W Dravus St, Seattle 98199 or to Susan Burdett.

Fees for materials: \$50 a child/ \$75 a family

Sacramental Prep for First Reconciliation and First Eucharist \$75.00