## FAITH FORMATION REGISTRATION 2018-2019 OUR LADY OF THE SNOW PARISH, 2667 HAMILTON ST, WEEDSPORT NY 13166 OFFICE PHONE: 315-834-6266 EMAIL: Christina.Macholl@dor.org

## **Children's Information:**

First and Last Name	Date of Birth	Grade	School
Faith formation Option Home Study/Online	<del>-</del>	Other (please spec	cify)
Parent's Name:			
Address, City and Zip			
Email:			
Phone:		Other Phone:	
Parish where your fam	ily is registered:		
Location of Faith Form	nation Program Attende	ed Last Year:	
Sacrament Informati Are you interested in y which, if any)		cramental Preparation t	his year? (Please check
along with all other Au	f students Sacramental lburn parishes, if you c	Confirmation Prep will take place with heck above your child's primation Catholic Parisle	s information will be passed

## OUR LADY OF THE SNOW FAITH FORMATION HEALTH, DISMISSAL, AND PHOTO RELEASE INFORMATION 2018-2019 \*ALL FAMILIES PLEASE COMPLETE THIS SIDE OF THE FORM

Children's names:
Emergency contact name
Contact's relationship to children: phone #
Does your child have any allergies? If so, please specify.
Does your child have any medical conditions/ special needs? If so, please specify.
Dismissal Information: Is there anyone to whom your child MAY NOT be released?
Photo Release:
I grant permission to Our Lady of the Snow to use my children's photos, images or likeness in any media including bulletin boards and websites. Please check one: yesno
Please sign below to indicate that the above information is up to date and correct.
Signature of Parent/Guardian: Date:
Printed Name of Parent/ Guardian

Please contact Chrissy Macholl, Director of Religious Education with any questions or concerns. Chrissy can be reached by call or text 315-406-6948 or email at <a href="mailto:Christina.Macholl@dor.org">Christina.Macholl@dor.org</a>.