

Our Lady of the Lake Church Office of Religious Education

Registration 2010-2011 Summer Program

781.294.4571

Office Use Only
Dep. Pd _____ Date _____ Rct# _____
Pmt. Due _____ Date _____ Rct# _____
Bal. Pd _____ Date _____ Rct# _____

Office Use Only
Date Revd: _____
 Card DB Verified

Dates: July 12th - July 23rd Time: 9:00am - 12:00pm

Fee for Summer Program: \$100 Per Child

PLEASE PRINT CLEARLY

SECTION A - Returning Students

Family Name: _____

Mother's Name: _____

Father's Name: _____

Child's Name: _____

Last Rel. Ed grade Completed: _____

Child's Name: _____

Last Rel. Ed grade Completed: _____

Child's Name: _____

Last Rel. Ed grade Completed: _____

Child's Name: _____

Last Rel. Ed grade Completed: _____

Child's Name: _____

Last Rel. Ed grade Completed: _____

SECTION C - Emergency Contact Information

Home Phone No: _____ Home email: _____

Mother Cell No: _____ Father Cell No: _____

Alternate if Applicable: _____

Emergency Contact: _____ Relationship: _____

Phone No: _____

Name of person picking up child if not parent: _____

Phone No: _____

SUMMER PROGRAM CONTRACT ON REVERSE SIDE

Date Returned _____

SUMMER PROGRAM CONTRACT

I have opted for the two week Summer Program, which takes place July 12th thru July 23rd from 9:00a.m. to 12:00 p.m.

_____ Please Initial

I understand that by participating in this program my child(ren) will not be attending the Fall Session; that they are required to attend events related to the Grade Level Year such as but not limited to: Grade Level Masses, Stations of the Cross, Family Confessions, Grade appropriate Guest Speakers, Grade appropriate Days of Retreat, Grade appropriate Safety Program days during the upcoming year, then they will have fulfilled their requirement for that years' Religious Education Grade Level.

_____ Please Initial

I understand that I am responsible to ensure that my child(ren) arrive no later than 8:50 a.m. and I will make arrangements to ensure that my child is picked up no later than 12:10 p.m.

_____ Please Initial

I understand that my child(ren) must attend everyday of the program and any additional events related to the program (including morning Mass) in order to receive credit for a complete level of Religious Education. I also understand that any day missed will require make up work, or may result in the loss of credit.

_____ Please Initial

I will provide my child(ren) with a snack each day. Religious Education will provide a beverage: water and juice.

Please note any information about your child(ren) including food allergies, asthma, special needs, learning disabilities and other special family circumstances we should be aware of:

The success of this Program is dependent upon having enough adult volunteers.

Please check off any areas in which you are able to help. Thank you so much

Catechist Hands On Activities Leader Prayer & Scripture Leader
 Assistant Catechist Snack Assistant As Needed By Office

In case of emergency, I give permission to the person(s) in charge to seek proper medical attention for my child(ren):

Signature _____ Date _____
