

*Our Mother of Sorrows*  
*Office of Christian Formation*

**Re-Registration Form**

STUDENT NAME AND LEVEL FOR SEPTEMBER:

\_\_\_\_\_ GRADE \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

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

Emergency Contact Information:

In the event of an emergency, we may need to contact you during class times. Please give us a cell phone number or a person or number to call if you are not available at the home phone number listed above.

Cell Phone: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Emergency Contact Name and Phone Number:

\_\_\_\_\_ Relationship \_\_\_\_\_

Is there anything we need to know about your child?

Medical Information (including medications) \_\_\_\_\_

Activity Restrictions \_\_\_\_\_ Allergies \_\_\_\_\_

Special Needs \_\_\_\_\_

Please indicate the class day and time you prefer:

**Faith Formation – Youth Ministry**

\_\_\_\_\_ **Monday Grades K -5**  
4:30 – 5:30P.M.

\_\_\_\_\_ **Susper Sunday Grades 6, 7 & 8**  
9:30 – 11:00A.M.  
First & Third Sunday September –April

\_\_\_\_\_ **Family Sunday**  
**All Ages – Intergenerational**  
**12:00 – 2:00P.M.**  
First & Third Sunday September - April  
Adult must accompany a child

\_\_\_\_\_ **High School Grades 9, 10, 11 & 12**  
5:00P. – 6:30P.M.  
First & Third Sunday September - April  
**\*NEW**

**Over.....**

**Cost : Grades K – 8 \$55 per Child/Youth**  
**\$80 for two**  
**\$85 more than two**  
**Grades 9 – 12 \$25 per teen**

\* Please make checks payable to MOS

**We are all called to be stewards. Our programs exist only because people share their time and talents. Would you like to help?**

\_\_\_\_\_Teacher      \_\_\_\_\_Classroom Aide      \_\_\_\_\_Substitute      \_\_\_\_\_Child Church  
\_\_\_\_\_Babysitter      \_\_\_\_\_Hall Monitor      \_\_\_\_\_Snacks      \_\_\_\_\_Youth Ministry

**WILL YOUR CHILD BE PREPARING FOR A SACRAMENT THIS YEAR??**

\_\_\_\_\_First Communion      \_\_\_\_\_First Reconciliation  
\_\_\_\_\_Confirmation

**EMERGENCY RELEASE**

I hereby certify that the above information is correct and give my permission for my child to be transported in a privately owned vehicle for emergency purposes only and for the release of medical records/information to an attending physician in case of illness. In case of emergency, I understand that every effort will be made to contact the parents/guardian. In the event that contact cannot be made, I hereby give permission to the attending physician to offer appropriate medical attention to my child.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

*Our Mother of Sorrows*  
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**New Student Registration**

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
In September

DATE OF BIRTH \_\_\_\_\_

PARENTS NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BAPTISM \_\_\_\_\_ CHURCH \_\_\_\_\_

Please submit a copy of your child's Baptismal Certificate

Please complete the following if your child has already received other sacraments in the Church:

DATE OF FIRST COMMUNION \_\_\_\_\_ CHURCH \_\_\_\_\_

DATE OF FIRST PENANCE \_\_\_\_\_ CHURCH \_\_\_\_\_

DATE OF CONFIRMATION \_\_\_\_\_ CHURCH \_\_\_\_\_

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Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Emergency Contact Name and Phone Number:

\_\_\_\_\_ Relationship \_\_\_\_\_

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Parent/Guardian