

RETURNING FAMILY REGISTRATION

St. Olaf Catholic Church
18943 Caldart Avenue NE
Poulsbo, WA 98370
(360) 779-4291

FOR OFFICE USE ONLY
Date Received:

Faith Formation
Religious Education Program
2016-17

Have there been any CHANGES SINCE LAST YEAR?
Please **CHECK YES/NO BOXES** below and enter new information as needed.

FAMILY INFORMATION

Family Last Name	Email Address (Please Print) Clearly <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address <input type="checkbox"/> Yes <input type="checkbox"/> No	City, State, ZIP Code <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Phone Number <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Phone Number <input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT/GUARDIAN INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) Parent/Guardian's Name	(2) Parent/Guardian's Name (Include Maiden Name)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Phone Number	Mailing Address (If different from above.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Phone Number	Mailing Address (If different from above.)

PHOTO RELEASE

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Individual (if over 18 years of age)		
Signature	Printed Name	Date
Parent/Guardian (if under 18 years of age)		
Signature	Printed Name	Date

Is there anything you would like to share about your child or family?

Please submit completed registration forms to Kim Baumann at the Parish Office or R.E. Building
QUESTIONS? Call Kim at 360-779-4291, Ext. 105, or email at stolafformation@embarqmail.com