

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

STUDENT REGISTRATION

FOR OFFICE USE
 ONLY:

Date Received

Faith Formation Religious Education Program 2016-17

(Please Print)

Please fill out **ONE FORM FOR EACH CHILD.**

STUDENT INFORMATION		
Last Name (Last name used at school)	First Name	Middle Initial
Nickname	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name of School		Grade (2016-17 School Year)
SACRAMENTS OF INITIATION		
Please check below if your child will be taking Sacramental Initiation classes <u>THIS YEAR</u> in:		
Reconciliation <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Confession: Usually Grade 2)</small>	Eucharist <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Communion: Usually Grade 2)</small>	<input type="checkbox"/> Confirmation <small>(Age 16 by Easter 2017)</small>
At least ONE PARENT is required to attend above classes with child.		
Was your child baptized at St. Olaf? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If yes, a copy of their Baptism Certificate IS <u>NOT REQUIRED</u> for Sacramental Initiation Classes.) <small>(If no, A COPY OF BAPTISM CERTIFICATE <u>IS REQUIRED</u> for Sacramental Initiation classes.)</small></small>		
If NOT baptized at St. Olaf, WHERE was your child baptized?	Date Baptized	City, State, Zip, Country
Name of Church where Baptized	Did your child receive First Communion at St Olaf? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If yes, no copy of certificate needed.) (If no, no action required.)</small>	
STUDENT MEDICAL HISTORY		
Please explain any medical conditions we should be aware of.		
Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain allergies.	
LOCAL EMERGENCY CONTACT		
Name	Relationship to Child	Phone Number
IN CASE OF EMERGENCY, if parent/guardian or local contact cannot be reached, the bearer of this form is authorized to act on your behalf to seek medical treatment, as deemed necessary, for the child registered on this form.		
Parent/Guardian Signature		Date

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 stolaafformation@embarqmail.com