

# FAITH FORMATION REGISTRATION

## FORMACION DE LA FE REGISTRO

Religious Education Program  
2017-18

**St. Olaf Catholic Church**  
18943 Caldart Avenue NE  
Poulsbo, WA 98370

(360) 779-4291

FOR OFFICE USE ONLY

Date Received:

Date Entered:

### FAMILY INFORMATION (INFORMACION DE LA FAMILIA)

Father's/Guardian's Name (Padre/Guardian Nombre)	Telephone Number (Numero Telefonico)	Email Address (Correo Electronico)	Mailing Address (Direccion)
Mother's/Guardian's Name (Madre/Guardian Nombre)	Telephone Number (Numero Telefonico)	Email Address (Correo Electronico)	Mailing Address (Direccion)

### STUDENT INFORMATION (INFORMACION DEL ESTUDIANTE)

Last Name (Apellido)	First Name (Nombre)	Nickname (Apodo)	DOB (F.de Nac.)	Grade (Grado)	School (Escuela)
1.					
2.					
3.					
4.					
5.					

### EMERGENCY CONTACT (CONTANTO DE EMERGENCIA)

Name (Nombre)	Telephone Number (Numero Telefonico)	<b>IN CASE OF EMERGENCY, if parent/guardian 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. If you agree, please sign to the left.</b>
Parent/Guardian Signature (Firma del Padre)	Date (Fecha)	

### PHOTO RELEASE (LIBERACION DE FOTOS)

I, grant Saint Olaf Catholic Parish the right to publish, reproduce, and display photographic and/or video images, and/or audio recordings of the students listed above, for use in all media, electronic or otherwise, for publications, advertisements, web pages, social media, and/or service projects of Saint Olaf Catholic Parish, and is not authorized to sell such photographic images, video images, or audio recordings to any other person or entity without my consent. I understand that the parish may associate the photographic image, video image, or audio recording with the first name of the Individual and the name of the parish where Individual is a parishioner. I further acknowledge and agree that neither I nor Individual, if Individual is a minor, has or shall have any ownership interest in any informational or advertising material which utilizes, incorporates, or consists of the photographic images, video images, and/or audio recordings or in any copyright embodied therein. I am in agreement with these photo release terms; please see signature below.

Parent/Guardian Signature (Firma del Padre o Madre)	Printed Name (Nombre del Padre/Madre)	Date (Fecha)
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### MEDICAL HISTORY (HISTORIA MEDICA)

Please explain any medical conditions that we should be aware of. (Por favor, explica cualquier condicion medica.)

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

### SACRAMENTS OF INITIATION (SACRAMENTOS DE INICIACION)

Do any of your children need Sacraments  
**THIS YEAR?**

First Reconciliation (Confession/ Confesion) and First Eucharist (Communion/ Comunion)	Confirmation (Confirmacion)
<input type="checkbox"/> Yes (Si) <input type="checkbox"/> No (No)   (One parent must attend these monthly classes with child.) If yes, please fill out separate <b>Blue Form (Forma Azul)</b> .	<input type="checkbox"/> Yes (Si) <input type="checkbox"/> No (No) If yes, please fill out separate <b>Green Form (Forma Verde)</b> .

Please submit completed registration forms to Kim Baumann at the Parish Office or R.E. Building.  
(Por favor envíe los formularios de inscripción completados a Kim Baumann en la Oficina Parroquial o en R.E. Edificio.)

QUESTIONS? Call Kim at 360-779-4291, Ext. 105, or email at [stolaformation@embarqmail.com](mailto:stolaformation@embarqmail.com).  
(?PREGUNTAS? Teléfono Kim en 360-779-4291, Ext. 105, o correo electrónico en [stolaformation@embarqmail.com](mailto:stolaformation@embarqmail.com))