

**FAITH FORMATION**  
**REGISTRATION**  
**FORMACION DE LA FE**  
**REGISTRO**

Religious Education Program  
 2019-20

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

(360) 779-4291  
[www.stolafschurch.org](http://www.stolafschurch.org)

FOR OFFICE USE ONLY

Date Received:

Date Entered:

**FAMILY INFORMATION**  
**INFORMACION DE LA FAMILIA**

Father's/Guardian's Name (Padre/Guardian Nombre)		Mother's/Guardian's Name (Madre/Guardian Nombre)
PRIMARY Telephone Number (Primario Numero Telefonico)	PRIMARY Mailing Address (Primario Direccion)	PRIMARY Email Address (Primario Correo Electronico) <b>PLEASE PRINT</b>

**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.					

**EMERGENCY CONTACT**  
**CONTANTO DE EMERGENCIA**

Parent/Guardian 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 <b>Signature</b> (Firma del Padre)	Date (Fecha)	

**PHOTO RELEASE**  
**LIBERACION DE FOTOS**

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Parent/Guardian <b>Signature</b> (Firma del Padre o Madre)	Parent/Guardian 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**

<b>THIS YEAR - DOES YOUR CHILD NEED? ESTA ANO - ?TU HIJO NECESITA?</b>	
<b>First Reconciliation &amp; First Eucharist (Confession/ Confesion) &amp; (Communion/Comunion)</b> <input type="checkbox"/> Yes (Si) <input type="checkbox"/> No (No)   Child's Name: _____ If yes, fill out the <b>Blue Form (Forma Azul)</b> . <u>(One parent must attend these classes with child.)</u> <b>BAPTISM CERTIFICATE REQUIRED</b>	<b>Confirmation (Confirmacion)</b> <input type="checkbox"/> Yes (Si) <input type="checkbox"/> No (No)   Child's Name: _____ If yes, fill out the <b>Green Form (Forma Verde)</b> . <b>BAPTISM CERTIFICATE REQUIRED.</b>

Please submit completed registration forms to Kim Baumann at the Parish Office or R.E. Building.  
 QUESTIONS? ?PREGUNTAS? Contact Kim Baumann at 360-779-4291 Ext. 1 or [stolafformation@stolafschurch.org](mailto:stolafformation@stolafschurch.org)