

**Office Use Only**  
 Received \_\_\_/\_\_\_/\_\_\_  
 Entered \_\_\_/\_\_\_/\_\_\_  
 Baptism Certificate? Y / N  
 Payment: Check / Cash  
 Amount: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Check #: \_\_\_\_\_

**Our Lady of Joy Religious Education  
 2017-2018 Registration Form**

Jane Siatkosky, Coordinator of Religious Education  
 412-795-4389 [Education@ourladyofjoy.org](mailto:Education@ourladyofjoy.org) www.ourladyofjoy.org

A new registration form must be submitted each year.

Child's Full Name (First, Middle & Last)	M/F	Date of Birth	School Grade 2017-2018

Family Last Name: \_\_\_\_\_ Church Env. #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Street City Zip

Father's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Religion: \_\_\_\_\_  
(First, (Maiden), Last Name)

**Custody:** Are there any custody/legal arrangements?  Yes  No (If yes, please provide a complete copy of the latest court order)

Children live with:  Both Parents  Single Parent (Mom or Dad)  Joint Custody  Parent & Step Parent  Guardian  
(circle one)

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
(non-custodial parent)

Do you wish correspondence be sent to non-custodial parent?  Yes  No

\_\_\_\_ I give my permission for my child's picture to appear on the parish website, bulletin boards, and newspaper articles in relation to events that happen in the parish.

\_\_\_\_ I give my permission for my child to receive text msg/email/phone calls from the parish and/or youth minister. (6<sup>th</sup> - 8<sup>th</sup> gr. students only) All text and email messages will be copied to the parents.

**This box : NEW REGISTRATIONS ONLY – (All new students are required to provide a Baptismal Certificate if not baptized at Our Lady of Joy)**

Name	City & State of Birth	Baptism Date, Parish, Address	First Communion Date, Parish, Address	Confirmation Date, Parish, Address

**Our Lady of Joy Religious Education  
2017-2018 Emergency Care Form**

Please continue to keep phone numbers, emergency contacts and medical history up to date throughout the school year.

**Emergency Contact Information**

If we are unable to reach you during program hours, whom should we contact? (Name someone other than parents)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number (home ) \_\_\_\_\_

**Consent For Medical Care**

(cell) \_\_\_\_\_

I give my permission that, in my absence, my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program and activities at Our Lady of Joy.

Signed (Parent/Legal Guardian) \_\_\_\_\_ Date \_\_\_\_\_

**Health/Medical/Learning Disabilities/Allergies, Etc.**

Please list the name of your child/ren with any medical or special needs (use a separate sheet if necessary) Please include all medications.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**Would you be interested in volunteering** as:  Teacher  Aide  Office  Traffic  Youth Ministry  Special Events  Crafts  Baking  
(Please check the areas that are of interest and the Rel. Ed. Office will contact you. Thank You.)

*There is a fee required for all students who attend Religious Education Classes at Our Lady of Joy.*

**OLOJ members Registration Fee:**  1 child \$40.00  2 children \$50.00  3 or more children \$70.00

**Non-members Registration Fee:**  1 child \$60.00  2 children \$70.00  3 or more children \$90.00

Checks should be made out to: **Our Lady of Joy CCD** (Please place payment in yellow envelope provided)

Mail or drop off: **2000 O'Block Road, Pgh. PA 15239**

Financial assistance will be provided if needed, please contact the Rel. Ed. Coordinator, Pastoral Assoc. or Pastor.