



Our Lady of Mercy Church

Religious Education Registration

Please print Clearly for Certificates of Sacraments

Date of Registration: _____

Students First Name _____ Students Last Name _____

Birthdate _____ Grade in Fall _____ School _____ Age _____

Male / Female (Circle one)

Any Special Needs: Yes or No (Circle One)

Address _____

Best Number for Contact in case of Emergency: _____

Name of person and Relationship _____

Sacramental Prep: (Circle all that apply)

Reconciliation First Eucharist Confirmation

- Grade 1 Grade 2 Grade 3 Grade 4 Grade 5 Middle School
- CGS- Catechesis of the Good Shepherd

Which Sacraments have your child completed? _____

Parish Family is Registered at: _____

Father Name: _____ Phone Number: _____

Email address: _____ Primary contact: Y or N

Mother's MAIDEN Name: _____ Phone Number: _____

Email address: _____ Primary contact: Y or N

Martial Status _____

Emergency Contact/ Relationship: Name and Phone Number:

List Person(s) Authorized for Pick up other than Parents (will need an ID):

Parish and Date of when the Sacrament(s) were received? (Please send in a copy of Baptismal Certificate)

- Baptism _____
- Reconciliation _____
- 1st Eucharist _____
- Confirmation _____

ALLERGY/MEDICAL EMERGENCY PERMISSION

I give permission for my child’s teacher to call 911 for emergency treatment while attending Religious Education at Our Lady of Mercy Church if I cannot be contacted.

Please list any allergies, medical issues, special learning accommodations or classroom accommodations needed for your student below:

Does Your Child have a Gluten Allergy: Yes or No

Child uses an EPI-PEN (Circle one) Y / N

Child carries the EPI-PEN on them (Circle One) Y / N

Please be advised, CCD teachers or volunteers cannot administer EPI-PENS or any medications.

Parent Signature: _____ Date: _____

Child Lures: Please be advised

Sometime during the year, we will present your child(ren) with the Child Lures Prevention Program. This workshop is a **Sexual Abuse Awareness and Protection training**. It is **NOT a Sexual Education Class**. If you have any questions or concerns, please contact us.

Please mail the Registration Form with a copy of the Childs Baptismal Certificate and payment to:
Office of Religious Education / Attention: Michelle Batista
Our Lady of Mercy 94 Broad Street- Plainville, CT 06062-2799
 \$75.00 per child (maximum \$135 Per Family)
OurLadyofMercyRelEd@gmail.com

For Office Use Only REGISTRATION FEES:

Date Received: Check # Cash Credit Card Total Paid:

How many Children?

New Parishioner: Y or N

Returning Parishioner: Y or N

Child Image Permission Form

Dear Parent or Guardian,

Our Lady of Mercy Church hosts events involving Children. There are situations that we may want to post or show image(s) or likeness of your child from a particular event. Avenues for this may include websites, bulletin boards within the church/parish center and various social media related to the church.

Before posting pictures of your children, we require that the parent(s)/guardian(s) sign the permission form below. We will keep this signed form on file in the church office located at 19 South Canal Street., Plainville, CT 06062. If you wish to retain a copy of this form please notify us and we will be happy to make you a copy.

I/We grant Our Lady of Mercy Church permission to use photos of my child(ren) on their website(s) and/or Facebook page(s).

Print Name of Child:

Print Name of Parent(s)/Guardian(s):

Signature of Parent(s)/Guardian(s):

Date _____