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**Our Lady of Consolation**

**CHILDREN’S CHURCH REGISTRATION**

The ***Children’s Church******Program*** is a Liturgy Based curriculum that is for preschool children that have turned 3 by September 1st up to age 5.

***Children’s Church***sessions will run concurrently with the 11:00 Mass at the Schneider Parish Center. Children will be invited to go with the ***Children’s Church*** Leader after the Opening Prayer and will return during Communion.

Children participating in ***Children’s Church***will have a fun, age appropriate learning experience with other young children related to the week's gospel message. The week's gospel message is presented as a basic concept that young children can understand. Children have a learning circle then do a craft project or activity relating to the week's theme.

Trained Parent Volunteers (Leaders) take turns running the sessions and preparing the lessons. All Parent Volunteers are screened through the Archdiocese Safe Environment protocols. If you are interested in being a Volunteer occasionally, please mark that below.

***Children’s Church***willbegin on Sunday, September 13th and follows the same schedule as the PREP classes.

\*\*There is no fee for ***Children’s Church***, but donations are appreciated.

I am willing to be a Volunteer Yes \_\_\_\_\_ No \_\_\_\_\_

Full Name of Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address (include zip code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Additional email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Child’s Age as of Sept. 1, 2014: \_\_\_\_\_\_\_

Name of Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Check one: \_\_\_\_\_ Birth/Adoptive Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Step Parent

Name of Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Check one: \_\_\_\_\_ Birth/Adoptive Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Step Parent

**Sacrament Information:**

Date of Baptism: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church of Baptism:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City & State of Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To best serve your child, please complete the following:**

Does your child have any known allergies? If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any chronic illness? If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any physical or learning challenges? If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything about your family situation that you would like your child’s Catechist to know?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MEDICAL RELEASE**

I authorize the staff to provide emergency care and expedite medical treatment incase of injury or illness.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_\_/\_\_\_\_\_\_

Above signed releases and discharges The Archbishop, the Archdiocese of Philadelphia, and it’s employees, agents, representatives, volunteers, Our Lady of Consolation Church and pastor from all actions, claims or demands for injuries or damages resulting from his/her child’s participation in the aforesaid activities and/ or use of the aforesaid facilities.

**PHOTO RELEASE**

I authorize that my child(ren)’s picture may appear on the parish website, church newsletter, bulletin boards, newspaper articles, etc. in relation to events that happen in the parish.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

**Please return form to:**

OLC Church Att: Janice Dagney

603 West Second Avenue

Parkesburg, PA 19365

Contact DRE at [jdagney@olcelc.com](mailto:jdagney@olcelc.com) or 610-857-0511