*****Our Lady of Consolation***

***Little Blessings Registration***

* ***Little Blessings*** is for toddlers - ages 1-3 years old.
* ***Little Blessings***will run concurrently with the 11:00 Mass at the Schneider Parish Center. Parents will bring children down to Room #9 (2 year old preschool classroom) **BEFORE** mass begins.
* \*\*\*Children must be picked up ***immediately*** after Mass is over.
* No food or drinks are permitted in Little Blessings room.
* Children do not need to be potty trained, but there will be no changing of diapers. Parents will be contacted if a soiled diaper needs to be changed during Mass.

Children participating in ***Little Blessings***will have a fun, age appropriate experience with other young children.

All Parent Volunteers are screened through the Archdiocese Safe Environment protocols. If you are interested in being a Volunteer occasionally, please mark that below.

***Little Blessings***willbegin on Sunday, September 11th and follows the same schedule as the PREP classes.

\*\*There is no fee for ***Little Blessings***, but donations are appreciated.

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

**This program will NOT be able to run without volunteers!**

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, 2017: \_\_\_\_\_\_\_\_

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

Please Check one: \_\_\_\_\_ Birth Parent \_\_\_\_\_\_Adoptive Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Step Parent

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

Please Check one: \_\_\_\_\_ Birth Parent \_\_\_\_\_\_Adoptive Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Step Parent

Please turn over

**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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**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