



Our Lady of Consolation  
**Little Blessings Registration**

Children participating in Little Blessings will have a fun, age appropriate experience with other young children during Mass at the Schneider Parish Center.

- Program is for toddlers ages 1-3 years old.
- Little Blessings runs concurrently with the 11:00 AM Mass at the Schneider Parish Center.
- Parents will bring children down to Room #9 before Mass begins.
- Children must be picked up immediately after Mass is over.
- No food or drinks are permitted in the 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.
- All parent volunteers are screened through the Archdiocese Safe Environment protocols. If you are interested in being a Volunteer occasionally, please indicate your interest on the registration form below.
- Little Blessings begins September 9, 2018 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 cannot operate without volunteers, please consider!***

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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 September 1st: \_\_\_\_\_

\_\_\_\_\_

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

## Sacrament Information:

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

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

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### 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. \_\_\_\_\_

\_\_\_\_\_

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## Medical Release:

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

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

Above signed releases and discharges The Archbishop, the Archdiocese of Philadelphia, and its 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.

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## 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**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