

Parent Signature

Our Lady of Hope Catholic Church Religious Education Registration 2018-2019

Classes Begin Tuesday, September 18, 2018		Office Use Only	
Please return to:		Date Registered:/	
Our Lady of Hope Catholic Church	\$160-1 Child	Tuition Paid: \$	
46639 Algonkian Parkway	\$220- 2 Children	Cash/Check Number	
Potomac Falls, VA 20165	\$280- 3 or More Children	Catechist: Aide	
	Darant Informati	ion==============	
Parents' Names:			
Address.			
Phone Numbers:		 ,	
Home:			
		ather Work:	
		Nother Work:	
Email Address:			
		ion=======	
Ctudout Nome.		2019 10 Sahaal Crada	
Student Name:(First Name)		2018-19 School Grade (Last Name)	_
Student Gender: M/F	(Whate Name)	(Last Hame)	
Date of Birth:/			
Baptism:/	Baptismal Cert	tificate Provided with Registration: Yes/No	
First Holy Communion:/		,	
Allowsias (food modision at a).			
Robavioral or Learning Disabilities:			
Additional Nemarks / Special Circums	tances		
======================================	eligious Education Sess	sion Choices==============	===
Tuesday 4:15PM	- 5·30PM Tue	sday, 6:00PM - 7:15PM	
rucsday, 4.131 W	3.301 WI Tuc.	30ay, 0.001 W 7.131 W	
=======================================	====Student Expectat	tions============	===
Our Lady of Hope Catholic Church. My chhomework. If my child is preparing for the S	ild will come to class on Sacraments of First Penanc My child will respect the v	ations for the 2018-2019 School Year for Religious Educati time with all materials and having completed any assice, First Holy Communion or Confirmation, he/she will mivolunteers, staff and fellow classmates by participating in earning our Catholic Faith.	igned ss no

Our Lady of Hope Catholic Church Religious Education Registration 2018-2019 MEDICATION ACKNOWLEDGEMENT

Child's Complete Name	Date of Birth
Child's Health Condition	
[Please check one]	
My child does <u>NOT</u> have a medical condition	on.
My child has a medical condition and I will	stay with my child.
	are deemed responsible to carry their own ng required to self-administer the medication.
I understand that the parish does not have any medical preactions or health problems related to my child's health classes or other related functions. I give consent, that in parish may contact 911 in order for emergency care to be	n condition while he or she attends <u>religious education</u> the event of an emergency any members of the
I further agree to indemnify and the Diocese of Arlington for any and all expenses indexperiences because of the above-named health condition health care facility.	curred from actions due to complications my child
I freely execute this Acknowledgemer	nt with full knowledge of its content.
Parent or Guardian Signature	 Date