

Please print clearly and complete all sections of this form. Thank you.

- **Session Times:** Grades. 1-9 – Sundays, 10:15-11:30am | Confirmation – Mondays, 6:00-7:30 pm
(some Wednesday commitments and service)
- **\$65 for 1 child, \$120 for 2 children, \$165 for 3 children, and \$170 for 4 or more children**
- **Additional Sacramental Year Supplies:** **\$25** for First Reconciliation/Eucharist or Confirmation
- Registration Fees increase by **\$10 AFTER September 1st**. *This covers the costs associated with expedited shipping of faith formation supplies.*
- If this is your **first time registering** and your child was baptized at a parish **other than** Our Lady of Victory, Our Lady of the Snow, St. Francis de Sales, or St. Paul's (Troy), a **copy of their baptismal certificate is required upon registration.**

Address: Relationship to Child:

Child(ren)'s Information: *If more than 3 children, please print duplicates of this page to fill out more.*

Child's Name: _____ Date of Birth: _____ ☐ Male ☐ Female

School Grade in Fall: _____ School District: _____

Sacrament(s) to be received this year (*please check all that apply*):

☐ First Reconciliation ☐ First Eucharist ☐ Confirmation

If registering for the first time, please include a copy of the child's baptismal certificate if not baptized at Our Lady of Victory, Our Lady of the Snow, St. Francis de Sales, or St. Paul's (Troy).

Date of Baptism: _____ Church where Baptized: _____
Name City/State

Known allergies or medications to be aware of: _____

Please list any other information that we and your child's catechist should be made aware of (*learning needs, social/emotional needs, new to the area, death in the family, etc.*) This information will be kept private and only shared as needed with catechist. _____

Child's Name: _____ Date of Birth: _____ ☐ Male ☐ Female

School Grade in Fall: _____ School District: _____

Sacrament(s) to be received this year (*please check all that apply*):

☐ First Reconciliation ☐ First Eucharist ☐ Confirmation

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Child's Name: _____ Date of Birth: _____ ☐ Male ☐ Female

School Grade in Fall: _____ School District: _____

Sacrament(s) to be received this year (*please check all that apply*):

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Date of Baptism: _____ Church where Baptized: _____
Name City/State

Known allergies or medications to be aware of: _____

Please list any other information that we and your child's catechist should be made aware of (*learning needs, social/emotional needs, new to the area, death in the family, etc.*) This information will be kept private and only shared as needed with catechist. _____

For Office Use:

Date Received: _____ Payment Amt.: _____ Sacramental Fee: Y or N Amt.: _____

☐ Cash OR ☐ Check # _____ ☐ Bap. Cert. PDS Update Date: _____ Email Added: _____

202_-202_ Our Lady of Victory & Our Lady of the Snow Mission Photography/Video Release and Authorization Form

Pictures may be taken of you and/or your child(ren) engaged in various aspects of our programs and/or events. These pictures may be displayed in the following ways but are not limited to the following list:

- On the walls of the classrooms, on bulletin boards, in the newsletter, on Zoom recordings, on digital presentations,
- On monitors in the Gathering Area or during events,
- On the OLV/OLS FF & YM Newsletter and Parish Bulletin
- On the OLV/OLS website (www.olvols.org),
- On the church's social media pages: Facebook (Our Lady of Victory) or Instagram (olv.ols), and
- From time to time, a local news photographer may come to the church or church events and these photos may be printed in the local paper.

Please indicate your permission below (*check your preferences*) to have yours' and your child(ren)'s (*those listed on the prior page*) photo taken and utilized for church purposes by signing below.

_____ I give my permission to have my picture taken and utilized for church purposes only.

_____ I give permission for my child(ren)'s picture to be taken and utilized for church purposes only.

_____ I do **not** give permission for my child(ren)'s picture to be taken and utilized for
church purposes.

By signing you are confirming your photo release preference for Our Lady of Victory (OLV) Parish and Mission Our Lady of the Snow for church purposes only and participate in all activities scheduled by the Faith Formation and Youth Ministry Office that are held on the grounds of our parishes, including Christ Sun of Justice. I consent to my child(ren) participating in online/virtual sessions as scheduled. At any time if you wish to revoke your permission, please send a letter to the OLV Parish Office entitled "Photo Release Revoked."

Printed Name: _____

Signature: _____ **Date:** _____

Family Involvement, we need your help:

Our program cannot run without the support and dedication of our gracious volunteers. If you, or your child(ren), have been feeling called to serving in one of the following roles, please let us know!

____ Youth Altar Server

____ Gatekeeper

____ Catechist

____ Children's Liturgy of the Word

____ Substitute Catechist

____ Service Projects with youth