

**Our Lady of Pompeii Faith Formation**  
**129 Laverack Avenue**  
**Lancaster, NY 14086**  
**716-683-6522 // 716-218-9343**  
**www.olpparish.com**

- Return completed registration in envelope with fee (see below) to address above Attn: Faith Formation or place in collection on Sunday.
- Copies of Baptismal certificates **MUST** be included in registration for **2<sup>nd</sup>**, **3<sup>rd</sup>** and **10<sup>th</sup>** graders who were not baptized at Sts. Peter and Paul Church in Depew or Our Lady of Pompeii Church.
- **Make checks payable to Our Lady of Pompeii Religious Education**
- Early bird fee (before May 31<sup>st</sup>): \$35.00 per child with a family limit of \$105.00
- Regular fee (after June 1<sup>st</sup>): \$40.00 per child with a family limit of \$120.00
- Late fee (after August 1<sup>st</sup>): \$50 per child with a family limit of \$150.00
- First Reconciliation (2<sup>nd</sup> grade) : add \$25.00
- First Communion (3<sup>rd</sup> grade): add \$25.00
- Confirmation (10<sup>th</sup> grade): add \$100.00

**Class Times:**

K-10 Sunday students will meet for traditional classroom faith formation on Sundays from 8:30-9:45am on Sundays, including monthly **connection sessions\***.

K-5 Home Study students will attend monthly **connection sessions\*** (Sunday 8:30-9:45am) and complete bookwork / online interactive quizzes at home.

6-8 Edge and 9-10 Life Teen students will attend on Thursdays beginning at 6:30pm in the Church and ending at 8:30pm with pick up in the ministry center.

**\*\*\* PLEASE PRINT LEGIBLY\*\*\***

Student's full name (First, middle and last if different from parents)	Date of Birth	Grade in Fall '19	Last grade of faith formation	Church of Baptism	Church of 1st Penance	Church of 1 <sup>st</sup> Communion	K- 10 Sunday*	K-5 Home Study*	6-10 Edge Life Teen

**\*Parents/guardians choosing K-10 Sundays or K-5 Home study for their child(ren) students are committing to attending monthly Connection Sessions**

**Please complete the backside of this registration form.**

**Student and Family Information:**

**Name of Students' Schools:** \_\_\_\_\_

**Students' Address :** \_\_\_\_\_  
(Street) (Town) (Zip code)

**Father's Information:**

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address (if different from students' address) : \_\_\_\_\_  
(Street) (Town) (Zip code)

Email Address: \_\_\_\_\_

**Mother's Information:**

Full Name (including maiden name): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address (if different from students' address) : \_\_\_\_\_  
(Street) (Town) (Zip code)

Email Address: \_\_\_\_\_

**Best contact during class time:** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_  
(Name) (Phone number)

**Which parent should be contacted regarding faith formation (please circle one) :** Mother Father Both

**Is there anything we should know about your child(ren)/family that would help us to serve you (please include allergies or medical concerns)?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_