

OUR LADY OF VICTORY FAITH FORMATION
132 Orchard Dr. Northville, MI 48167
248-349-2559 ext. 112 and 116
Fax 248-773-5024

“As a Disciple of Jesus Christ, we are a giving, growing Catholic family. Through the intercession of Mary, we pray, we worship, we serve and we educate in Faith.”

Staff

Mary Ellen Skene Faith Formation Director
Email: mskene@olvnorthville.net

Kelly Bruno Faith Formation Secretary
Email: kbruno@olvnorthville.net

Office Hours

Summer Hours: Monday – Friday 8:30 – 4:00 p.m.

Fall/Winter Hours: Monday: 10:30 a.m. – 12:00 p.m., 1:00 p.m. - 8:00 p.m.
Tuesday: 10:30 a.m. – 12:00 p.m., 1:00 – 6:00 p.m.
Wednesday-Thursday: 9:00 a.m. – 12:00 p.m. 1:00 – 4:00 p.m.
Friday: 9:00 a.m. – 12:00 p.m., 1:00 – 4:00 p.m.

Tuition Schedule

In Parish	1 Child \$125.00	2 Children \$155.00	3 Children or more \$185.00
Out of Parish	1 Child \$225.00	2 Children \$255.00	3 Children or more \$285.00

Sacrament Material Fees: Reconciliation/First Eucharist \$50.00 Confirmation \$50.00

A family must be a registered parishioner at the time of registration in order to receive the parishioner rate. You may register through the parish office by making an appointment. Please call 248-349-2621.

Registration Policy:

A valid baptismal certificate MUST be included with registration. If you are unable to find your copy please call the parish where your child was baptized and ask for a copy to be sent to you. After seeing the original we will make a photo copy of the form and put it in our files.

If your child is un-baptized we will be happy to inform you of that process. Please call or see Mary Ellen Skene.

If your child is in need of extraordinary sacramental preparation you may be assessed a materials fee.

Unless arrangements have been made, previous year’s tuition must be paid in full before the upcoming year registration can be processed. If you are in need of tuition assistance please see Mary Ellen Skene or the faith formation secretary.

Family Name: _____

Our Lady of Victory Parish
After School Faith Formation Registration, 2017-2018

Is your family registered at OLV? Yes _____ Envelope Number _____ Out of Parish _____

If NO, name of church where you are registered: _____

Child (ren) Reside with Parent(s): ___ Mother ___ Father ___ Both ___ Other (Explain) _____
Address _____
City _____ Zip _____
Home Phone _____ E-mail _____

This email address should be the one you use on a regular basis. All communications will be sent to this address!

Father's Name _____
Religion _____ Cell _____
Address if different from above _____
E-mail (if different from above) _____

Mother's Name _____ (Maiden Name) _____
Religion _____ Cell _____
Address if different from above _____
E-mail (if different from above) _____

CHILDREN:

It is required to have on record a Bapt. Certificate for every child registered in the Faith Formation program. If you have not already provided one, please include it with this registration form.

Name _____ M ___ F ___
Date of Birth _____ Grade in Sept. 2017 _____
This child was baptized in what church? ___ Roman Catholic ___ Orthodox _____ Eastern Catholic (Chaldean, Melkite, Maronite, etc.) _____ Other _____
Date of Baptism: _____ Place _____
Sacraments completed: ___ First Recon. (Confession) ___ First Eucharist ___ Confirmation

Name _____ M ___ F ___
Date of Birth _____ Grade in Sept. 2017 _____
This child was baptized in what church? ___ Roman Catholic ___ Orthodox _____ Eastern Catholic (Chaldean, Melkite, Maronite, etc.) _____ Other _____
Date of Baptism: _____ Place _____
Sacraments completed: ___ First Recon. (Confession) ___ First Eucharist ___ Confirmation

Name _____ M ___ F ___
Date of Birth _____ Grade in Sept. 2017 _____
This child was baptized in what church? ___ Roman Catholic ___ Orthodox _____ Eastern Catholic (Chaldean, Melkite, Maronite, etc.) _____ Other _____
Date of Baptism: _____ Place _____
Sacraments completed: ___ First Recon. (Confession) ___ First Eucharist ___ Confirmation

Name _____ M ___ F ___
Date of Birth _____ Grade in Sept. 2017 _____
This child was baptized in what church? ___ Roman Catholic ___ Orthodox _____ Eastern Catholic (Chaldean, Melkite, Maronite, etc.) _____ Other _____
Date of Baptism: _____ Place _____
Sacraments completed: ___ First Recon. (Confession) ___ First Eucharist ___ Confirmation

***Any sacraments missed by your child(ren): _____

(Over)

Choose Options for Class:

___ Monday 4:45 pm ___ Monday 6:30 pm ___ Tuesday 4:45 pm ___ Home-school

Use your Time and Talent

We invite you to share your time and talents in the OLV Faith Formation Program. Please mark the areas that most interest you (we appreciate your assistance and thank you):

Catechist___ Teacher Aide___ Substitute___ Session Supervisor/ Hallway Aide___

Please indicate which day and time works best for you _____

Cookie baker for Confirmation Reception___

We have read the Faith Formation Policy Book and Agree to adhere to its contents; including the Media consent Policy.

Parent Signature: _____

TUITION IN PARISH

___ 1 Child - \$125.00 ___ 2 Children - \$155.00 ___ 3 Children or more - \$185.00

OUT OF PARISH

___ 1 Child - \$225.00 ___ 2 Children - \$255.00 ___ 3 Children or more - \$285.00

Is it a Sacramental Year – 2nd grader and/or 8th grader?

Sacramental Materials Fee: ___ First Eucharist/Reconciliation \$50.00 ___ Confirmation \$50.00

Completed registration, medical treatment release form and payment can be mailed or emailed to the OLV Faith Formation Office, faxed to 248-773-5024 or dropped off in person. Check the bulletin for office hours or call (248)349-2559.

For office use only:				
Date registered _____		Registration rec'd by _____		
Date	Check #	Debit	Credit	Balance

Our Lady of Victory Parish

EMERGENCY CONTACT and MEDICAL TREATMENT RELEASE FORM

Release is intended: 2017-2018 school year

To Whom it May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Child's Name: _____ Relationship to you: _____

Child's Name: _____ Relationship to you: _____

Child's Name: _____ Relationship to you: _____

Child's Name: _____ Relationship to you: _____

Address: _____ City _____ Zip: _____ Phone : _____

PARENTS/LEGAL GUARDIANS

Father	Address	Phone
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Mother	Address	Phone
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Where parents can be reached when not at home:

Father _____
Address _____ Phone _____

Mother _____
Address _____ Phone _____

Family Physician: _____ Phone: _____

Address: _____ City: _____

LIST allergies, medication or problems that may impact your child's experience with us, i.e. learning disabilities, ADD, ADHD, Developmental or emotional problems etc. for any of the children listed above.

Child's Name: _____

Child's Name: _____

Child's Name: _____

COMPLETE OTHER SIDE

HEATH INSURANCE DATA:

Company: _____

Policy: _____

Group: _____

Contract: _____

List a neighbor or close relative who will assume care of your child if you cannot be reached.

Name _____

Phone _____

Address _____

Relationship _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Date: _____

Signed: _____

Parent or Guardian

AFTER SCHOOL FAITH FORMATION SCHEDULE, 2017-2018

Monday Sessions: 4:45 - 6:00 pm
6:30-7:45 pm

Tuesday Sessions: 4:45 - 6:00 pm

September

11/12 Session (First Class)
18/19 Session
25/26 Session

January

1/2 No Session Happy New Year
8/9 Session
15 No Session
16 Session
22/23 Session
29/30 Session

October

2/3 Session
9/10 Session
17/18 Session
23/24 Session
30 Session
31 **No Session**

February

5/6 Session
12/13 Session
19/20 No Session Mid-Winter Br.
26/27 Session

November

6/7 Session
13/14 Session
20/21 NO Session Thanksgiving
27/28 Session

March

5/6 Session
12/13 Session
19/20 Session
26/27 Session (Last Class)

December

4/5 Session
11/12 Session
18/19 Session
25/26 No Session, Christmas

INCLEMENT WEATHER POLICY:

- a. Rule of Thumb: If Northville Schools are closed because of inclement weather we are also closed.
- b. For closings during the day an email will be sent by the Faith Formation Office
- c. If not sure please contact the Faith Formation Office at (248) 349-2559
Parents are also welcome to use their own judgment as to road conditions.

HOME SCHOOL FAMILIES

You will be notified when to come and pick up your materials