



# Our Lady of Victory Catholic Church

## Faith Formation Registration Form 2017-18

133 Orchard Dr. Northville, MI 48167  
(248) 349-2559 Fax: (248) 349-7329

*Our Lady of Victory parish is a giving, growing, Catholic community formed by the Father to live as followers of Jesus Christ and instruments of the Holy Spirit. As children of God and stewards of God's gifts, we pledge ourselves to prayer and worship, service to family and community, and lifelong education and formation in faith.*

### **Staff**

Mary Ellen Skene, Faith Formation Director, ext. 112  
Email: [mskene@olvnorthville.net](mailto:mskene@olvnorthville.net)

Kelly Bruno, Faith Formation Secretary, ext. 116  
Email: [kbruno@olvnorthville.net](mailto:kbruno@olvnorthville.net)

### **Office Hours**

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

### **Tuition Schedule**

**In Parish:** 1 Child-\$125                      2 Children-\$155                      3 or more children-\$185

**Out of Parish:** 1 Child-\$225                      2 Children-\$255                      3 or more children-\$285

Sacrament Material Fees:                      Reconciliation/First Eucharist-\$50                      Confirmation-\$50

**A family must be a registered parishioner at the time of registration in order to receive the In-Parish 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 contact the Faith Formation Office.



Family Name: \_\_\_\_\_

**Our Lady of Victory Catholic Church**  
**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\_\_\_\_\_  
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 it!**

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 that the Faith Formation Office have on record a Baptism Certificate for every child registered in the program. If you have not provided one, please do so at the time of registration.**

Name \_\_\_\_\_ M\_\_\_\_ F\_\_\_\_  
Date of Birth \_\_\_\_\_ Grade in September 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 September 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 September 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): \_\_\_\_\_

**Choose Options for Class:**

\_\_\_ Monday, 4:45 p.m. \_\_\_ Monday, 6:30 p.m. \_\_\_ Tuesday 4:45 p.m. \_\_\_ Home-school

**TIME AND TALENT REQUEST**

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:

Catechist\_\_\_ Teacher Aide\_\_\_ Substitute\_\_\_ Session Supervisor/ Hallway Aide\_\_\_  
Cookie baker for Confirmation Reception\_\_\_

We have read the 2017-18 Faith Formation Policy Book and Agree to adhere to its contents, including the Media Consent Policy.

Parent Signature: \_\_\_\_\_

**TUITION (IN PARISH)**

\_\_\_1 Student: \$125                      \_\_\_2 Students: \$155                      \_\_\_3 or more Students: \$185

**TUITION (OUT OF PARISH)**

\_\_\_1 Student: \$225                      \_\_\_2 Students: \$255                      \_\_\_3 or more Students: \$285

**Is it a Sacramental Year (Grade 2 or Grade 8)? Please add the following fee:**

Sacramental Materials Fee: \_\_\_First Eucharist/Reconciliation \$50 \_\_\_ Confirmation \$50

Completed **Registration form, Medical Release Form** and **payment** (checks can be made payable to *Our Lady of Victory*) can be mailed to OLV Faith Formation Office or dropped off in person.

For office hours, please check the bulletin, website or call (248) 349-2559.

New this year, you can pay your invoice online (credit card, debit card or bank payment)!  
Visit [www.olvnorthville.org/after-school-faith-formation](http://www.olvnorthville.org/after-school-faith-formation)

**— FOR OFFICE USE ONLY —**

Date registered \_\_\_\_\_ Registration received by \_\_\_\_\_

Date	Check #	Debit	Credit	Balance

## EMERGENCY CONTACT and MEDICAL TREATMENT RELEASE FORM: 2017-18 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

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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.

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Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

### HEALTH 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 p.m.  
6:30-7:45 p.m.**

**Tuesday Sessions: 4:45-6:00 p.m.**

### 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: MLK Day**  
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 Break**  
26/27 Session

### November

6/7 **No 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

- If Northville Schools are closed because of inclement weather we are also closed.
- For closings during the day, an email will be sent by the Faith Formation Office.
- If you are 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