

2018-2019 Religious Education Registration

Student Name:		Grade	Date of Birth
Phone:		School:	
Address		City	Zip
Are you registered member	s of OLL parish? Yes	If no, parish	name:
Sacraments to be celebrate	d this year: Baptism Reco	nciliation Fi	rst Communion Confirmation
Baptism Certificate on file a	t OLL? Yes No [If n	o, please prov	vide within 30 days of registration]
Father's Name			Religion:
			Religion:
			Religion:
during regular class time. L appropriate levels with an a	I.F.E guides parents in talkir im at preventing child abuse ardians may opt-out of L.I.F	ng with their c e. At least one .E program by	and Exploitation] will be scheduled hildren about relationships at age- e parent/guardian must attend completing an opt-out form.
Emergency Contact:	Relationshi	p:	Phone:
Parent/Guardian Signature		Date	2
Office Use Only:			
Registration Fee Paid			children] [\$125 – three or more] pt Number: