

Our Lady of Lourdes Catholic Parish 2019-2020 Religious Education Class Registration

Are you registered members of OLL Parish? Yes If no, parish name:		sh name:
Student Name	Grade	Date of Birth
Street Address	City	Zip Code
Family Email	Phone	I
Alternate Email		
Emergency Contact Rela	tionship	Phone:
Allergies, medical conditions, physical, academic or a	any other speci	ial assistance or concerns:
School Student's favor	ite subject or a	ctivity:
Sacraments to be celebrated 2019-2020:		
Baptism Reconciliation First C	ommunion	Confirmation (9 th grade)
Father's Name	Religion	
Mother's Name		
Step Parent Name	-	
Guardian Name		
Custodial Information – complete this section ONL? Please provide a copy of the legal agreement designat faith of the child. The following person has legal auth Name	ing person(s) r hority for raisin Phone cheduled for ea ides parents/g aim at preventi	responsible for decisions related to the ng the child in the Catholic faith: ach grade. Please see religious education uardians in talking with their children ing bullying and child abuse. At least
Parent/Guardian Signature		Date
Fee Information Note: all children are accepted in religious education classes reg Also, payment can be made at any time during the year; paymen Fee: \$50 one child/\$75 two children/\$100 three or more/family	nt is not required	with the registration form.
Office Use Only: Check # Check Amount \$ Compared to the second seco	Cash Amount \$	Receipt Number: