

Our Lady of Lourdes Parish – Religious Education

2018-19

Family Last Name _____ **Primary Phone #** _____ **Unlisted? Yes** _____ **No** _____
Father _____ **Mother** _____ **Lives with: Both** _____ **Mother** _____ **Father** _____
Cell # _____ **Cell #** _____ **Emergency Contact** _____
Mailing Address _____ **Relationship to child:** _____
Email address _____ **Emergency Contact Phone #** _____
Step Father _____ **Phone #** _____ **Step Mother** _____ **Phone #** _____
 Alternating visits between parent/step-parent? _____ **Lessons may be sent home with child for week that will be missed** _____
Special Needs? Allergy, medical, food issues, physical, learning, etc. _____ *If yes, please indicate on Medical form –*
 I understand the information of my child’s special needs will be shared with his/her catechist **Yes** _____

Sacraments Received: Name of Church

Name	Date of Birth	Sex	Grade	Baptism	Reconciliation	Eucharist	Confirmation

If any of your children were baptized and/or received First Holy Communion outside of this parish, and have not already supplied us with a copy of each child’s baptismal record, you will need to supply a copy for our files.

Are you a registered member of Our Lady of Lourdes Parish? **Yes** _____ **No** _____ (You MUST be a registered member of our parish if your child will be receiving any of the sacraments. If you need a registration form for the parish, please let us know – we will be happy to supply you with one.)

Fee: \$25/ one child \$20/ each additional child to help defray cost of materials. Please make check payable to Our Lady of Lourdes Catholic Church

If you are a registered member of OLL and need financial assistance, please let us know. This information is kept confidential.

Parent/Guardian Signature _____ **Date** _____

For office: Date rec’d: _____ **Amt.** _____ **cash/check** _____