

Our Lady of Lourdes Catholic Church

Religious Education New Student Registration

Entry Date _____ Family Name _____

Registration Requirements

Copy of Baptismal
Fee
Conf. Info
St. Name Sponsor
Name

Student Name _____			
_____	_____	_____	_____
Address _____	Last	First	Middle
_____	_____	_____	_____
City _____	_____	_____	State _____
_____	_____	_____	_____
Zip _____	Home # _____	Cell # _____	_____
_____	_____	_____	_____
Date of Birth _____	Place of Birth _____	Male _____	Female _____
_____	_____	_____	_____
Emergency Contact Information			
Emergency Contact Name _____		Emergency # _____	
Sacramental Information			
Baptism Y/N _____	Date _____	Church of Baptism _____	_____
Reconciliation Y/N _____	Date _____	First Eucharist Y/N _____	Date _____
Confirmation Y/N _____	Date _____	_____	_____

Mother			
Mother's Name _____			
_____	_____	_____	_____
_____	First	Maiden	Last
Address If Different From Student _____			
_____	_____	_____	_____
Cell # _____	Catholic Y/N _____	Email _____	_____

Father			
Father's Name _____			
_____	_____	_____	_____
_____	First	Middle	Last
Address If Different From Student _____			
_____	_____	_____	_____
Cell # _____	Catholic Y/N _____	Email _____	_____

___ Please Indicate if there has been a change in family status (i.e., parents separated or divorce)	
_____	_____
If separated/divorced please indicate primary domicile	Mother ___ Father ___
___ Please provide office with a copy of official judgment concerning child's custody as necessary	
___ Please indicate Child's special needs on reverse Allergies _____	

Church Parish Registration

Registered Church parishioner of OLL Parish? Y/N

If not, what church parish are you registered in? _____

Are you in a Catholic marriage? Y/N If no, would you like your wedding blessed? Y/N

Registration Fee: 1 Child \$55, 2 or more \$110 per family
Paid_____

Penance/Eucharist per child: \$50
Paid_____

Confirmation Fee per child: \$105
Retreat Fee per child: \$120 Paid_____

Copy of Baptismal _____
Fee_____

Conf. Info_____

St.Name_____

Sponsor Name _____

Siblings in PSR

Name_____ School_____

Name_____ School_____

Name_____ School_____

YEAR	SCHOOL	GRADE	FEE/PAID	CASH	CHECK

Remarks: