

Our Lady Of Perpetual Help
Religious Education Office
113 Upper Plain
Bradford, VT 05033
(802) 222-5268

RELIGIOUS EDUCATION REGISTRATION for 2012-2013

Father's Name

Mother's Name (include Maiden Name)

Father's Street or PO Box Address

Mother's Street Address or PO Box Address (if different)

Father's City, State, and Zip

Mother's City, State, and Zip (if different)

Father's E-mail Address

Mother's E-mail Address

Father's Home Phone Number

Mother's Home Phone Number (if different)

Father's Cell Phone Number

Mother's Cell Phone Number

Emergency Phone Number for Father

Emergency Phone Number for Mother

Father's Religion

Mother's Religion

Step-Mother's Name if applicable

Step-Father's Name if applicable

Step-Mother's Religion

Step-Father's Religion

Child(ren) reside with _____

First Contact Person: _____ Phone Number: _____

Relationship to Child(ren): _____

List children on this side of the form that you wish to enroll in our Religious Education Program.

Circle One

Sept. 2012

Student's Full Name _____ **Boy/Girl** _____ **Grade** _____ **School** _____

Student's Full Name _____ **Boy/Girl** _____ **Grade** _____ **School** _____

Student's Full Name _____ **Boy/Girl** _____ **Grade** _____ **School** _____

***"Participation in the communal celebration of the Sunday Eucharist is a testimony of belonging and of being faithful to Christ and to his Church."* (2182 Catechism of the Catholic Church) Or students need to participate at Mass on a regular basis with our faith family.**

PARENT/GUARDIAN SIGNATURE

DATE

MORE ON BACK

_____ Our family is a member of Our Lady of Perpetual Help Church

_____ Our family is registered at a Church other than Our Lady of Perpetual Help Church;

The parish we are registered at is: _____

Parental/guardian involvement in our Religious Education Program is necessary. In addition prayer, and encouraging positive participation, I will

Special Needs

List any special needs for each child (for example, ADD, physical restrictions, medications, & allergies).

1) Name _____

Special Needs:

This information can be shared with catechetical volunteers _____ yes _____ no

2) Name _____

Special Needs:

This information can be shared with catechetical volunteers _____ yes _____ no

3) Name _____

Special Needs:

This information can be shared with catechetical volunteers _____ yes _____ no

New Student Data (Complete if child is being registered for the FIRST time.)

A copy of your child's baptismal certificate is required if your child was baptized in a parish other than Our Lady of Perpetual Help, Bradford, VT.

1) Name _____ Grade _____ Date of Birth _____

Place of Birth _____ Date of Baptism _____ Place of Baptism _____

First Reconciliation celebrated _____ Yes _____ No First Eucharist celebrated _____ Yes _____ No

2) Name _____ Grade _____ Date of Birth _____

Place of Birth _____ Date of Baptism _____ Place of Baptism _____

First Reconciliation celebrated _____ Yes _____ No First Eucharist celebrated _____ Yes _____ No

3) Name _____ Grade _____ Date of Birth _____

Place of Birth _____ Date of Baptism _____ Place of Baptism _____

First Reconciliation celebrated _____ Yes _____ No First Eucharist celebrated _____ Yes _____ No