



Religious Education Student Registration 2021 – 2022

Please complete this for the 2021-2022 School Year. Payment and copy of baptism certificate are due at the time of registration. The cost for religious education classes will be \$25 for one child and \$5 for each additional child. However, payment plans are available. All students will be provided instruction regardless of their ability to pay.

Student Information

Student Name: _____
Last First Middle

Student's School: _____ Grade Level: _____ Date of Birth: _____
 Confirmation begins in 9th grade or later and is a 2-year process. 1st Communion and Reconciliation occurs in 2nd grade or later and is a 2-year process.

Student Sacramental Information:

My child has NOT been baptized in a Catholic Church
 My child was baptized in a Catholic Church _____
 My child has made their 1st Reconciliation Church of Baptism
 My child has received their 1st Communion _____
Church of 1st Communion

Does this student have any special physical, mental, or medical needs, including allergies, that may affect his/her participation in the Religious Education Program?

Family Contact Information

Are you and your family registered members of Our Lady of Sorrows? YES NO

Home Address: _____
Street Address Appt. Number

City State Zip Code

Mother's Name: _____

Mother's Phone Number: _____ Mother's email: _____

Father's Name: _____

Father's Phone Number: _____ Father's email: _____

Emergency Contact (optional)

List a person other than the parents/guardians listed above. In case of emergency, we will reach out to the parents/guardians first. If no emergency contact is listed and the parents cannot be reached, we will use our best judgment in an emergency.

Name: _____

Relation to Student: _____ Phone number: _____

Parent Permission

As the parent/guardian of the students listed on this card, I hereby grant permission for my child(ren) to participate in religious education activities at OLS. I also grant permission to photograph, videotape or record my child for promotion of OLS events. In case of illness or injury I give permission for the appropriate personnel to obtain medical care for my child(ren).

Parent Signature

Date

Office Use Only:

Payment: _____ Cash/Check: _____ Receipt: _____ Baptism certificate: _____