

2011/2012 REGISTRATION FORM

Date: _____ Religious Education Grade _____

LOURDES MEMBERSHIP NUMBER: _____ School attending _____

R.E. Class _____
(day) (time)

STUDENT'S FULL NAME _____ Gender _____
(last) (first) (middle) (m) or (f)

ADDRESS: _____
(street) (city) (zip)

CELL PHONE _____ 2nd CELL# _____ HOME # _____

EMAIL ADDRESS: _____

STUDENT'S DATE OF BIRTH: _____ PLACE OF BIRTH _____
(month/day/year) (city & state)

FATHER'S FULL NAME: _____ MARITAL STATUS _____

FATHER'S OCCUPATION _____ WORK # _____ RELIGION _____

MOTHER'S FULL **MAIDEN** NAME: _____ MARITAL STATUS _____

MOTHER'S OCCUPATION _____ WORK # _____ RELIGION _____

CATHOLIC CHURCH YOU WERE MARRIED IN: _____

CHILD LIVES WITH: _____
(both parents; custodial parent; other (specify))

CHILD'S LAST RELIGIOUS EDUCATION GRADE COMPLETED _____ WHERE? _____

SACRAMENTS RECEIVED

(PLEASE CIRCLE)

BAPTISM:	YES	NO	If yes, date: _____	_____
			(month/day/year)	Name of Church, City, State
1 ST PENANCE	YES	NO	If yes, date: _____	_____
			(month/day/year)	Name of Church, City, State
1 ST COMMUNION	YES	NO	If yes, date: _____	_____
			(month/day/year)	Name of Church, City, State
CONFIRMATION	YES	NO	If yes, date: _____	_____
			(month/day/year)	Name of Church, City, State

Fees: \$135.00 (1child) \$250.00 (2 children) \$330.00 (3+ children)
Sacramental Fees: \$50.00 for students preparing for 1st Eucharist. \$60.00 for students preparing for Confirmation.
\$50.00 late fee after Sept. 2nd.

FOR OFFICE USE ONLY

HB _____

FEE PAID _____ CHECK NUMBER _____ BALANCE DUE: _____

TEACHER: _____ ROOM # _____

SPECIAL NOTATIONS: _____

OVER

EMERGENCY INFORMATION FORM

This information must be filled out by the Parent/Guardian and signed in the presence of a member of the Religious Education Department.

While your child is in our care it is important for us to have the following information. The emergency contact person will be called in the event we can not reach you.

FOR EMERGENCY PURPOSES PLEASE LIST RELATIVES OR FRIENDS WHO LIVE CLOSEST TO THE PARISH: **BE SURE TO GIVE US CONTACT PERSONS OTHER THEN YOURSELF OR ANYONE LISTED ON THE FRONT OF THIS FORM.**

Name: _____

Relationship to the student: _____ Telephone # _____

Name: _____

Relationship to the student: _____ Telephone# _____

MEDICAL INFORMATION

Is your child taking any medication? NO _____ YES _____

What medication is your child taking? _____

Please explain your child's medical need. _____

Is there a condition/disability that we should be aware of regarding your child's health?

EMERGENCY MEDICAL INFORMATION

If we are unable to contact you or the person(s) you designated as emergency contacts, do you give us your authorization to provide appropriate medical action should your child require it while attending a religious education class, a retreat or other activity connected with this parish religious education program? YES _____ NO _____

If so, which hospital would you prefer your child be taken to _____

Name of Doctor _____ Telephone # _____

Parent/Guardian Signature _____ Date _____