

Our Lady of Lourdes

Religious Education Program

Registration Form Grades K-10

Date: _____

(Child 1) Last Name: _____	First _____	Middle: _____	Male/Female _____
Address: _____		E-Mail: _____	
City/St/Zip _____			
Phone #: _____	Birthday: _____	School: _____	
Grade in Religious Education Last Year: _____		Church: _____	
Baptism Date _____	@ Church _____	City/St/Zip _____	
First Penance Y/N _____	First Communion Date: _____		

(Child 2) Last Name: _____	First _____	Middle: _____	Male/Female _____
Birthday: _____		School: _____	
Grade in Religious Education Last Year: _____		Church: _____	
Baptism Date _____	@ Church _____	City/St/Zip _____	
First Penance Y/N _____	First Communion Date: _____		

(Child 3) Last Name: _____	First _____	Middle: _____	Male/Female _____
Birthday: _____		School: _____	
Grade in Religious Education Last Year: _____		Church: _____	
Baptism Date _____	@ Church _____	City/St/Zip _____	
First Penance Y/N _____	First Communion Date: _____		

(Child 4) Last Name: _____	First _____	Middle: _____	Male/Female _____
Birthday: _____		School: _____	
Grade in Religious Education Last Year: _____		Church: _____	
Baptism Date _____	@ Church _____	City/St/Zip _____	
First Penance Y/N _____	First Communion Date: _____		

	Last Name	First Name	Religion
<i>Father</i>	Last Name if different from Child: _____	_____	_____
<i>Mother</i>	Last Name if different from Child: _____	_____	_____
<i>Guardian</i>	Last, First Names: Relationship: _____	_____	_____

Comments/Special Needs & Disabilities _____
