For Office Use	
Family Name:	
School Year:	
Fee:	Check #:

Our Lady of Charity Parish Religious Education Program Family Registration Form – 2018-2019

Registration fees: \$175 for 1 child; \$300 for 2 children; \$375 for 3 or more

Complete Form. Print cle	early.	For <u>first t</u>	ime registi	<u>rations,</u> pl	ease bring a	n origina	l and one copy	of each chi	ld's Baptisma	l Certificate.

Child's Full Name First, Middle, & Last)	Sex M/F	Date of Birth	PREP Level 2018-19	Name of Day School	Baptism Date & Parish	1st Penance Date	1 st Communion Date
Father's Name:				Cell Phone #:	Catholic - q y	es qno E-n	nail
Mother's Name:				Cell Phone #:	Catholic - q y	es q no E-1	nail
Family Name:					Home Phone #:		
Family Address:				City	Zip Code		
Street				v	•		,
IS THERE A CUSTODY	ORDER II	N PLACE?	q yes	q no (If yes, please provi	de a complete copy of the la	atest court ord	er.)
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Please Turn---à

Family Name:	Family	Charity Parish Religiou Registration Form – 2018		
	's name/picture to the parish	name website, bulletin board	ds, newspaper articles in relation to ϵ	
the parish. Sig	gnature			
EMERGENCY CONTACT INFORM	MATION: If we are unabl	e to reach you, whom shou	ld we contact?	
Name:		_ (Cell)	Phone Number (home)	
o i	ence, my children whose na cur while participating in th	e Religious Education Progran	on form, may receive emergency med m programs and activities at Our Lac Date:	v
MEDICAL/LEARNING DATA If any of the following :	apply to your child, please	e list his/her name and give	details in the appropriate spaces.	
Child's Name	Medical Conditions/Allergies	Prescribed Medications	Disability* / Learning Support Services	Individualized Education Program IEP
				q YES
				q NO q YES
				a NO
				q NO q YES
				q NO
Is there other information about you	ır child that should be commur	nicated?		, ,

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