Church Envelope # _____

OLL Religious Education Program
Registration Form 2026/2027

Class Assigned _____

PLEASE PRINT

SUNDAY SCHOOL

STUDENT INFORMATION

Please check one Re-registration _____ First Time Registration _____

Child's Name _____ Today's Date ____/____/____
(last) (first)

Date of Birth ___/___/___ Age_____ Male_____ Female_____ Language Spoken at Home_____

Address_____

Home Phone #_____ Email address: _____ @ _____

Name of Public-School child will attend in **September 2026**_____ **Grade** in **September 2026**_____

Father's Name _____ Religion _____

Cell Phone Number: _____ **Daytime Phone No**. _____

Mother's Name _____ Religion _____
(first) (maiden) (last)

Cell Phone Number: _____ **Daytime Phone No**. _____

Marital Status **Circle One** Married Single Separated Divorced Widowed Unmarried Living Together

Child lives with **Circle One** Parents Father Mother *Other

*Name of Other _____

****

Baptism Church _____/_____/_____
(name) (address) (date)

First Penance Church_____/_____/_____
(name) (address) (date)

First Communion Church _____/_____/_____
(name) (address) (date)

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Did Child attend Religious Education last year? _____ If yes, what class_____

Was child in another program last year Yes _____ No _____ If yes, Name of Church_____

Grade Completed _____

Please turn over and fill out all information on back!

For Office use only : Tuition Paid in full Yes _____ No_____

Are there any special family situations we should be aware of: (divorce, serious illness, deaths, etc.) Yes _____ N0 _____

Please explain _____

Does your child have an **IEP** (Individual Education Plan), Learning Disability or are they behind in reading or writing for their grade level? Yes _____ No _____ If yes, please explain below:

_____

Is your child on medication? Yes _____ No _____ If yes, please list: _____

Does your child have any allergies or health issues we should be aware of? Yes _____ No _____ If yes, please explain

_____

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EMERGENCY CONTACT

Give us the name of a person we can call **IF WE CANNOT REACH YOU** during religion class time in the event of an emergency

Name :_____ Phone # _____

Relationship to child_____

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PARISH LIFE

Do you, as a parent, need assistance in receiving a sacrament No _____ Yes _____ (please check below)

Baptism _____ Communion _____ Confirmation _____ Marriage _____

Are you a registered parishioner of OLL Yes _____ Env. # _____ No _____

Are you involved in a parish ministry? Yes _____ No _____ If yes, what ministry? _____

If no, would you like to be? Yes _____ No _____ What might interest you? _____

Would you like to be a catechist? Yes _____ No _____

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COMMITMENT & RESPONSIBILITY

It is our understanding that you will take seriously your responsibility to attend Mass each weekend with your child and that your child will attend religious instruction class regularly. I also give permission to add my cell phone number to the Remind List.

Parent Signature: _____

Names of your other children in Religious Education: _____ _____

_____ _____

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For office use only

Registration Fee _____

Amount Received _____ Cash _____ Check_____

Amount Owed _____

Received by_____ Date____/_____/____