

OUR LADY OF THE LAKES CATHOLIC CHURCH
DEPARTMENT OF RELIGIOUS EDUCATION AND FAITH FORMATION
REGISTRATION 2018-2019 (En español al reverso)

OFFICE USE ONLY	
Total	_____
Paid	_____ Card # _____
Balance	_____

Today's Date _____

Preferred Language for Correspondence: English Spanish Either

Name _____ Last Name _____
Mother's Name _____ Cell _____ Email _____

Father's Name _____ Cell _____ Email _____

Marital Status of Legal Parents: Married Separated Divorced Widowed Never Married

Address _____ City _____ Zip _____ Home Phone _____

If there is a step parent living with the student:

Step Father/Mother _____ Cell _____ Email _____

Address of non-custodial parent if applicable: Name _____ Address: _____

SHOULD NOT BE A PARENT	Name	Phone	Relationship
Emergency Contact	_____	_____	_____
Emergency Contact	_____	_____	_____

First and Middle Name	Last Name	Sex	Birth date	Grade for 2018-2019	Baptized	1 st Communion	Confirmation
Student _____	_____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child been diagnosed with any health or special condition we should know about? Yes <input type="checkbox"/> No <input type="checkbox"/> Does your child attend special classes at school (so we can make special arrangements)? Yes <input type="checkbox"/> No <input type="checkbox"/> Does your child need any special accommodations? Yes <input type="checkbox"/> No <input type="checkbox"/> Other Information we should have (Allergies, Health issues, Special pickup instructions, etc.) _____							
OFFICE USE ONLY						Session _____	
Class: _____						Room: _____	

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Student _____	_____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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