

**Our Lady of Hope
Religious Education
Student Registration 2022-2023**

PLEASE PRINT

1. Child's Name _____
(Last) (First – No Nickname) (Middle Name)

Male Female Date & Place of Birth _____ Grade Level Sept. 2022 _____

School District _____ School Attending _____

2. Child's Name _____
(Last) (First – No Nickname) (Middle Name)

Male Female Date & Place of Birth _____ Grade Level Sept. 2021 _____

School District _____ School Attending _____

3. Child's Name _____
(Last) (First – No Nickname) (Middle Name)

Male Female Date & Place of Birth _____ Grade Level Sept. 2021 _____

School District _____ School Attending _____

*Home Address _____

*Email Address that you check several times a day. (Please Print Clearly) _____

Communication from the Faith Formation Office is through email and/or EBLAST that can only be opened on a computer. OUR EBLASTS ARE NOT MOBILE COMPATIBLE. The office is not responsible for any undeliverable email addresses.

Phone Numbers (List 2 best contact numbers) _____
(Home) (Cell)

Emergency Contact: _____
Someone who can pick up your child (Name) (Phone Number)
in the event you cannot be reached Relationship to child: _____

Are you a registered member of Our Lady of Hope Parish? Yes No

If no, provide name of Parish to which you belong: _____

Please circle the Faith Formation program your child was registered for last year:

Nativity CCD St. Germaine CCD St. Valentine CCD CGS Virtual Homestudy

Child received Religious Education at another parish. Name of Parish _____

Address _____

(Over)

Please circle the number that best describes the family:

- 1. Student lives with both parents (same last name)
- 2. Student lives with both parents (different last name)
- 3. Student lives only with mother (same last name)
- 4. Student lives only with mother (different last name)
- 5. Student lives only with father
- 6. Student lives with guardian (different last name)
- 7. Other _____

Father's Name _____ Mother's Name _____ Mother's Maiden Name _____

I can volunteer as a:

Classroom Aide

Substitute Catechist

Hall Monitor

Student's Special Concerns: Learning ____ Behavioral ____ Medical ____ Allergies (Please List) _____

Please provide any information about your child's learning needs, health needs or any special concerns you want to share. If necessary, attach an addition paper.

Sacramental Information: (FOR NEW STUDENTS ONLY – GRADES K-8)

PLEASE NOTE: A copy of a child's baptismal certificate is necessary upon initial enrollment. If entering the program after the second grade, documentation of First Reconciliation and First Communion are required.

Date of Baptism _____ Parish Name & Address _____

Date of First Reconciliation _____ Parish Name & Address _____

Date of First Communion _____ Parish Name & Address _____

I give permission to the Faith Formation program to use photographs, videos, voice recordings, and quotations for the purpose of promoting Faith Formation activities and programs.

 Parent/Guardian Signature _____ Date _____

