

Our Lady of Lourdes Parish – Religious Education

2025-26

Family Last Name _____ **Primary Phone #** _____ **Unlisted?** Yes _____ No _____

Father _____ **Mother** _____ **Maiden Name** _____ **Lives with:** Both ____ Mother ____ Father ____

Cell # _____ **Cell #** _____ **Emergency Contact** _____

Mailing Address _____ **Emergency Contact Phone #** _____

Email address _____ **Relationship to child** _____

Step Father _____ **Phone #** _____ **Step Mother** _____ **Phone #** _____

Alternating visits between parent/step-parent? _____ **Lessons may be sent home with child for week that will be missed** _____

Special Needs? Allergy, medical, food issues, physical, learning, etc. _____ *If yes, please indicate on Medical form –*

I understand the information of my child's special needs will be shared with his/her catechist Yes _____

Name	Date of Birth	Sex	Grade	Baptism Provide Name of Church	Reconciliation Provide Name of Church	Eucharist Provide Name of Church	Confirmation Provide Name of Church

If any of your children were baptized and/or received First Holy Communion outside of this parish, and have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Are you a registered member of Our Lady of Lourdes Parish? Yes _____ No _____ You MUST be a registered member of our parish if your child will be receiving any of the sacraments at this parish. If your child will be receiving his/her sacraments at Our Lady of Lourdes, please submit a completed Parish Registration Form.

Fee: \$25/ one child \$20/ each additional child to help defray cost of materials. Please make check payable to Our Lady of Lourdes Catholic Church.

If you are a registered member of OLL and need financial assistance, please let us know. This information is kept confidential.

Parent/Guardian Signature _____ Date _____

For office: Date rec'd: _____ Amt. _____ cash/check _____

08/2025