

✝ OLPH Faith Education 2017-2018 REGISTRATION FORM

(1 per family)

Copy of Baptismal Certificate(s) required if not baptized at OLPH.

1. Student's Name: _____

Date of Birth: (#DAY-MONTH-#YEAR) _____ School Grade Fall-2017: _____

Sacraments: (Please check those received) Baptism Church: _____

Reconciliation First Communion Confirmation

2. Student's Name: _____

Date of Birth: (#DAY-MONTH-#YEAR) _____ School Grade Fall-2017: _____

Sacraments: (Please check those received) Baptism Church _____

Reconciliation First Communion Confirmation

3. Student's Name: _____

Date of Birth: (#DAY-MONTH-#YEAR) _____ School Grade Fall-2017: _____

Sacraments: (Please check those received) Baptism Church _____

Reconciliation First Communion Confirmation

Contact Information for the person responsible for the student(s):

Mother: _____ Father: _____

Guardian: _____

Email Address: _____

Complete Mailing Address including city and postal code:

Phone Number: _____

Emergency Contact: _____ Phone #: _____

I would like to volunteer in the program by _____

\$75 for 1st child / \$50 for each additional child Paid Cash or Cheque # _____ Date: _____

Check this box only if you do **NOT** wish to be added to the parish list.