

REGISTRATION FOR RELIGIOUS EDUCATION, RCIA, YOUTH MINISTRY

Today's Date: _____

Family Address: _____

Tel. No: (home) _____

E-mail: _____

Pre-K to Grade 5: 8am or 10am

The Edge: Grades 6, 7 & 8 _____

9th Grade: with Life Teen _____

Life Teen _____

Confirmation I _____

Confirmation II _____

R C I A – Children _____

I/We would like to register our child/children as follows:

Name of Child	DOB	Register for Grade:
1.		
2.		
3.		
4.		

PLEASE COMPLETE THE FOLLOWING FOR EACH CHILD:

CHILD'S NAME: _____

Sacraments Received	Date Received	Which Church	Church's Address
Baptism			
First Reconciliation			
First Communion			
Confirmation			

CHILD'S NAME: _____

Sacraments Received	Date Received	Which Church	Church's Address
Baptism			
First Reconciliation			
First Communion			
Confirmation			

CHILD'S NAME: _____

Sacraments Received	Date Received	Which Church	Church's Address
Baptism			
First Reconciliation			
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Confirmation			

CHILD'S NAME: _____

Sacraments Received	Date Received	Which Church	Church's Address
Baptism			
First Reconciliation			
First Communion			
Confirmation			

Note: Copies of the certificate are required if you child did not receive the sacraments at OLPH.

Father's Name _____ Work No. _____
 Mother's FULL MAIDEN NAME _____ Work No. _____

	Father	Mother
Catholic and fully initiated (Baptized, Confirmed and received First Holy Communion)	[]	[]
Baptized Catholic but still need: First Reconciliation	[]	[]
First Holy Communion)	[]	[]
Confirmation)	[]	[]
Attends Mass:		
Regularly	[]	[]
Most of the Time	[]	[]
Occasionally	[]	[]
Rarely	[]	[]
Non-Catholic Christian	[]	[]
Non-Christian	[]	[]
Non-Catholic but would like to become one	[]	[]

Married in the Catholic Church? YES ___ NO ___
 If No, would you like to be married in the Catholic Church? YES ___ NO ___

Are you a registered member of OLPH? YES ___ NO ___ If not, please call the parish and we'll mail you one.
 If YES, do you have an offering envelope? ___ If NO, would you like to have one? YES ___ NO ___

Registration fee: \$25.00 per child for all classes, except for First Communion and Confirmation II, which is \$30.00

Amount Paid: \$ _____ Check # _____ Cash _____ Receipt No. _____

In case of emergency, please print the name of the contact person and telephone number:

Name _____ Tel. No. _____

Would you like to volunteer as:

Religious Education Teacher?	YES ___ NO ___
Teacher assistant?	YES ___ NO ___
Parent support group for Life Teen or The Edge?	YES ___ NO ___
Other ministries in the church?	YES ___ NO ___

Please mail this back to the church, drop it off at the church office, or bring it with you when you come to Mass on weekends and see us at the registration table.