

Office Use Only By _____

Amount Paid \$ _____ Date _____

Family Fee

1 child \$25.00 \$20.00 each additional

Our Lady of Sorrows CCD Religious Education
2016-2017 Registration Form

DATE _____

Family Name _____
Last Father's first name Mother's first name mother's maiden name

Address _____
Street City Postal Zip Code

Marital Status: Married _____ Divorced & remarried _____ Divorced & not remarried _____ Widowed _____ Single _____

If divorced, name of custodial parent _____

Father's occupation _____ Cell phone _____ Work Phone _____

Mother's occupation _____ Cell phone _____ Work Phone _____

E-MAIL (print clearly): _____

Write "YES" if sacrament has been received

	Date of birth	Baptism	Confession	Communion	Confirmation	Married in Catholic Church	Religion
Father							
Mother							

Include child's last name if different from family name above

Write "YES" if sacrament has been received

Child's Full Name	Date of birth	Baptism	Confession	Communion	Confirmation	Grade	School Attending

If there is any special information (e.g., Carrie is diabetic) that would help us with your child(ren), please comment. If needed, continue on back.

Are you registered in the parish? _____ If no, please obtain & complete parish registration card and return to sacristy/rectory