

RELIGIOUS EDUCATION REGISTRATION 2017-18
Our Lady of Victory Catholic Church

GRADES 1-5

Please read carefully and print clearly.

Registration Date: _____

CHILD(REN) LAST NAME: _____ E-mail Address: _____

Mailing Address, City, Zip: _____

Father's Full Name: _____ Work# (_____) _____ Cell# (_____) _____

Mother's Full Name: _____ Work# (_____) _____ Cell# (_____) _____

Home Phone #: (_____) _____

EMERGENCY CONTACT (OTHER THAN PARENT) IF NEITHER PARENT CAN BE REACHED:

Name: _____ Best Phone # (_____) _____

<i>For Office Use Only</i>	Child's FIRST & MIDDLE Names	Grade in School	Age	Date of Birth	Baptized		Received Eucharist?	Received Confirmation?
					<i>Catholic</i> - or - <i>In another faith</i>			
					G Yes / G No	G Yes / G No	G Yes / G No	G Yes / G No
					G Yes / G No	G Yes / G No	G Yes / G No	G Yes / G No
					G Yes / G No	G Yes / G No	G Yes / G No	G Yes / G No
					G Yes / G No	G Yes / G No	G Yes / G No	G Yes / G No
					G Yes / G No	G Yes / G No	G Yes / G No	G Yes / G No
					G Yes / G No	G Yes / G No	G Yes / G No	G Yes / G No

 (initial) I am aware that I may request an Opt-Out Form to exclude my child from participating in the Safe Environment / Abuse Prevention Training class.

PLEASE SEE THE REVERSE SIDE 

IN OUR EFFORTS TO BETTER SERVE THE EDUCATIONAL NEEDS OF YOUR CHILDREN PLEASE PROVIDE THE FOLLOWING INFORMATION:

Does your child(ren) have allergies? If yes, please specify.

Child's Name

Allergy

Does your child(ren) have any learning and/or physical disabilities? If yes, please specify.

Child's Name

Disability

Our family is registered in this parish: Yes _____ No _____ : *If not, please request and complete a PARISH REGISTRATION FORM today.*

Our family attends Mass: Weekly _____ Monthly _____ Seldom _____ Never _____

Our children attended RE last year: Weekly _____ Often _____ Seldom _____ Never _____

Our children will attend RE this year: Weekly _____ Often _____ Seldom _____ Never _____

I can help: _____ Teach RE _____ Occasionally sub in class _____ Retreats _____ Bake cookies _____ Sewing

Other help: _____

R.E. Fees

G First child \$ 35

G Each additional sibling \$15 x _____ = \$ _____

G First Communion or R.C.I.A. per child \$20 x _____ = \$ _____

TOTAL = \$ _____

FOR ONLINE PAYMENT:



For office use only:

Paid: Cash amount: \$ _____ Check amount: \$ _____ / Check #: _____ Online payment: \$ _____ Later: _____