

OUR LADY OF SORROWS PARISH/ OFFICE OF FAITH FORMATION
REGISTRATION FORM (use this form if you are new or not enrolled in the current year's program)

CANDIDATE'S INFORMATION

Please select the language for the course: English Spanish Gender: F M

Candidate's Name _____, _____, _____
LAST FIRST MIDDLE

Address _____
APT # CITY ZIP CODE

Date of Birth ____/____/____ Country of Birth _____
MONTH DAY YEAR

School you attend: _____ Current School Grade _____ Grade by Sept 2019-20 _____

CANDIDATE SACRAMENTAL INFORMATION: PLEASE MARK WHAT THE CANDIDATE HAS RECEIVED

Baptism: Yes No **Communion:** Yes No **Confirmation:** Yes No

PARENT'S INFORMATION: Parish ID # _____
(Donation Envelope Number)

PARENT/GUARDIAN NAME _____ HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

Parent's Email: _____

EMERGENCY CONTACT INFORMATION

Person to contact _____ Relationship _____ Phone # _____

HEALTH INFORMATION

Any physical or medical problem? Yes No If Yes, please explain: _____

DOES YOUR SON/DAUGHTER ATTEND A SPECIAL CLASS AT THE SCHOOL? Yes No

I have received the Parent's Handbook and Child Lures Program's Sheets. I agree with all norms cited.
Parent/Guardian's Signature _____

DO NOT WRITE HERE. FOR OFFICE USE ONLY

ID #: _____

Family: _____ Check # _____ Bank _____

Donation \$ _____ Receipt # _____ Book # _____ Date _____ Bce _____

Donation \$ _____ Receipt # _____ Book # _____ Date _____ Bce _____

Donation \$ _____ Receipt # _____ Book # _____ Date _____ Bce _____

Class Assigned: _____ Notes: See in the back →

