

RELIGIOUS EDUCATION REGISTRATION 2009-10
Our Lady of Victory Catholic Church

Please print clearly

Family Name _____ Father's Name _____ Mother's Name _____

Mailing Address, City, Zip _____

E-mail Address _____

Phone: Home# _____ Mom Work# _____ Cell# _____

Dad Work# _____ Cell# _____

Contact name & phone # in case of emergency: _____

Child's First & Last Name	Grade in School	Age	Date of Birth	Sacraments received or not received: (Enter "Yes" or "No")				School Child Attends
				Baptism	Penance	Eucharist	Confirmation	

PLEASE SEE THE REVERSE SIDE 

Fees: \$20 per child for the first 3 children / \$60 maximum per family

Sacramental Prep Fee: \$15 per child

For office use only:

Paid: Cash amount: _____

Check amount: _____

Check #: _____

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 disabilities? If yes, please specify.

Child's Name

Disability

Does your child/ren have any physical disabilities? If yes, please specify.

Child's Name

Disability

Our family is registered in this parish

Yes____ No____ Year of Registration:_____

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

_____Sew

_____Occasional other help

I will attend a Parent/Teacher meeting:

____Yes____ No____