

# Our Lady of Las Vegas Catholic Church

School of Religion 2017-2018

## Student Registration Form

**Forms must be turned in no later than August 1, 2017**

Classes are Wednesday 6:00 P.M. to 7:15 P.M.

Student's Legal Name \_\_\_\_\_

New \_\_\_\_\_ Returning \_\_\_\_\_

(Circle one) Male / Female    Grade Level (for 2017-2018 school year) \_\_\_\_\_

Date of Birth \_\_\_ / \_\_\_ / \_\_\_    Place of Birth \_\_\_\_\_

Date of Baptism \_\_\_ / \_\_\_ / \_\_\_    Parish of Baptism \_\_\_\_\_

Baptismal Parish's Address (City, State, Country) \_\_\_\_\_

Received Reconciliation?    (Circle one) Yes/No    Where \_\_\_\_\_

Received First Holy Communion? (Circle one) Yes / No    Where \_\_\_\_\_

Received Confirmation?    (Circle one) Yes/No    Where \_\_\_\_\_

**Copies of Certificates must be turned in.**

Does your child have any health concerns or is she/he taking any medication? (Circle one) Yes / No If Yes, please explain \_\_\_\_\_

### **EMERGENCY CONTACTS:**

Full Name of Contact (must be other than the parents or legal guardians):

(1) \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

(2) \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### **FAMILY INFORMATION:**

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

**Please complete other side.**

**Legal Parent/Legal Guardian Information:**

**Mother/Guardian 1:**

**Father/Guardian 2:**

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Are you the legal parent? Yes / No

Are you the legal parent? Yes / No

If yes, maiden name: \_\_\_\_\_

If no, birth father's name: \_\_\_\_\_

Do you live with the student? Yes / No

Do you live with the student? Yes / No

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**Must be a registered member of Our Lady of Las Vegas Church for at least 3 months.**

**Documents needed to register:**

**Deposit needs to be submitted with all registration papers**

\_\_\_\_\_ Copy of the child's birth certificate.

\_\_\_\_\_ Copy of child's baptismal certificate.

\_\_\_\_\_ Copy of church envelope.

\_\_\_\_\_ Deposit of \$25.00 due at registration.

**Total amount of balance due by September 20, 2017**

\_\_\_\_\_ \$100.00 for first child      Balance due \$75.00

\_\_\_\_\_ \$90.00 for second child      Balance due \$65.00

\_\_\_\_\_ \$80.00 for third child      Balance due \$55.00

\_\_\_\_\_ \$130.00 for 2<sup>nd</sup> year sacrament class      Balance due \$105.00

**Total due:** \_\_\_\_\_

**OFFICE USE ONLY:**

Paid \$: \_\_\_\_\_ : Cash / check # \_\_\_\_\_

Date Received \_\_\_\_\_