

Our Lady of Las Vegas Catholic Church

School of Religion 2018-2019

Student Registration Form

Forms must be turned in no later than August 1, 2018

Classes are Wednesday 5:45 P.M. to 7:15 P.M.

Student's Legal Name _____

New _____ Returning _____

(Circle one) Male / Female Grade Level (for 2018-2019 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/food allergies 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: _____

Cell #: _____

Cell#: _____

Are you the legal parent? Yes / No

Are you the legal parent? Yes / No

Do you live with the student? Yes / No

Do you live with the student? Yes / No

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 19, 2018

_____ \$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 2nd year sacrament class Balance due \$105.00

Total due: _____

OFFICE USE ONLY:

Paid \$: _____ : Cash / check # _____ Date Received: _____