

Date \_\_\_\_\_

Family Record Number \_\_\_\_\_

**OUR LADY OF HOPE RELIGIOUS EDUCATION  
REGISTRATION FORM/INFORMATION SHEET**

Family Name: \_\_\_\_\_

Child Name: \_\_\_\_\_

First

Middle

Last

Child Date of Birth \_\_\_\_\_  M  F Grade in September \_\_\_\_\_

Address: \_\_\_\_\_

Street

Town

Zip

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medication: \_\_\_\_\_

Special Needs? \_\_\_\_\_

**MOTHER INFORMATION**

**FATHER INFORMATION**

First Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Marital Status:**  Married  Separated  Unmarried  Divorced

**Church of Marriage** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Transfer Student Only: Last level completed in Religious Education* \_\_\_\_\_

*Name of Parish/Address* \_\_\_\_\_

**SACRAMENTAL DATA**

*A copy of certificate MUST be provided unless at OLH after June 1987.*

Baptism: Date: \_\_\_\_\_ Place: \_\_\_\_\_

Penance: Date: \_\_\_\_\_ Place: \_\_\_\_\_

Eucharist: Date: \_\_\_\_\_ Place: \_\_\_\_\_

**PARISH REGISTRY INFORMATION**

*Family Members Other than above:*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_