

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

Date \_\_\_\_\_

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

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

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

First

Middle

Last

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

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

Street

Town

Zip

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

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

**Baptismal certificate (copy) MUST be provided unless  
Baptized at Our Lady of Hope after June 1987.**

**Transfer Student Only**

*Last level completed in Religious Education* \_\_\_\_\_

*Name of Parish* \_\_\_\_\_

*Address of Parish* \_\_\_\_\_