Our Lady of Lourdes
Families of Faith Registration

Family Name	
Session	New or Returning

Home	Father's	Mother's First and
Address:	First Name:	Last Name:
City, State,	Father's	Mother's Maiden
Zip:	Last Name:	Name:
Best Email	Religion:	Religion:
Address:		
Do these children live mainly with:	Occupation	Occupation:
\square Parents married in the Church	:	
□Parents civilly married	Cell Phone:	Cell Phone:
☐ Parents not married	Email:	Email:
\square Single Mother \boxtimes Single Father		
\square Mother and step-father \boxtimes Father and		
stepmother		

Preferred Method of Contact:	☐ Text ☐ Phone Call ☐ Email		
Best Contact Email:		Belongs to:	
Best Contact Text Number:		Belongs to:	

Registration Fees
Families with one child \$135
Families with two children \$140
Families with three or
more children \$150

*** For Office Use Only ***						
Year	2023-24	2024-25	2024-26	2026-27	2027-28	2028-29
Payment Received						
Cash or Check Number						
Owes						
Emergency Form						
TTS Form						
Picture Form						

Name of Child	Last Name if	Date of Birth	
	different		
Date of Baptism	Church of Baptism	Verified by	
Butto of Buption	ondren er Baptienn	vermed by	
Church Address (city, state, zip	School Attending Grade in September		
Gender: □ Male □ Female	Has this child receive ☐ Reconciliation ☐	ed: ☐ Eucharist ☐ Confirmation	
Name of Child	Last Name if differer	t Date of Birth	
Date of Baptism	Church of Baptism	Verified by	
Church Address (city, state, zip	School Attending	Grade in September	
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For Off	ice Use Only	
Year	Class	Catechist
23/24		
24/25		
25/26		
27/28		
28/29		

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Year	Class	Catechist
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24/25		
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