



OUR LADY OF HOPE CATHOLIC CHURCH

RELIGIOUS EDUCATION REGISTRATION FORM 2025-2026

Registration Fee
\$50 –One child
\$80-Two children
\$110- Three children or
more

Parents Information

Father's Name: _____ Father's Cellphone: _____

Marital Status: _____ Single/Married/Separate/Divorced Father's email: _____

Mather's Name: _____ Mother's Cellphone: _____

Marital Status: _____ Single/Married/Separate/Divorced Mother's email: _____

Address: _____

Student lives with: _____ Today's date: 2025

I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in Religion Education classes and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident. I authorize and consent the Religion Education Team, or other associated volunteers of the Religion Education program to obtain medical care from a licensed physician, hospital, or medical discharge clinic for my some/daughter in the even that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge the Diocese of Evansville, and Our Lady of Hope Parish, and Fr. Paul Ferguson from all manners of actions, claims, which I or the child named in this form shall or may have for any reason, arising during my child attendance of the Religion Education. Unless other written instruction is submitted. I also consent to allowing my child's image to be recorded, either by photograph or video, and use during the Religion Education classes or for future advertisement of Parish Religion Education programs. Any other use will require further consent.

X _____
Parent/Legal Guardian Signature

OUR PROGRAM: SESSION TIME: SUNDAY 10:00 AM TO 11:00 AM AT Washington Catholic Middle/High School.

SACRAMENTAL PREPARATION REQUIREMENTS: **Students preparing for 1st Communion will need 2 years preparation.**
Students preparing for Confirmation will need 2 years preparation.

1st STUDENT

Student First Name: _____ Last name: _____

2025-2026 Grade: _____ Date of Birth: _____ Years old: _____

Did child attend Religious Education classes last year? _____ If YES where: _____

STUDENT SACRAMENTAL RECORD:

Baptism: _____ YES _____ NO Date: _____ Parish: _____

Reconciliation: _____ YES _____ NO Date: _____ Parish: _____

First Communion: _____ YES _____ NO Date: _____ Parish: _____

Confirmation: _____ YES _____ NO Date: _____ Parish: _____

If received Sacraments out of our Parish, PLEASE PROVIDE CERTIFICATES FROM THAT PARISH

MEDICAL INFORMATION: Please complete the following for your child. All information is kept strictly confidential.

Allergies (Food, Medicine, etc) : _____

Medical Conditions: _____

Behavioral or Learning Disabilities: _____

Other Coments: _____

Please see on the back space for other students.

2st STUDENT

Student First Name: _____ Last name: _____

2025-2026 Grade: _____ Date of Birth: _____ Years old: _____

Did child attend Religious Education classes las year? _____ If YES where: _____

STUDENT SACRAMENTAL RECORD:

Baptism: _____ YES _____ NO Date: _____ Parish: _____

Reconciliation: _____ YES _____ NO Date: _____ Parish: _____

First Communion: _____ YES _____ NO Date: _____ Parish: _____

Confirmation: _____ YES _____ NO Date: _____ Parish: _____

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MEDICAL INFORMATION: Please complete the following for your child. All information is kept strictly confidential.

Allergies (Food, Medicine, etc) : _____

Medical Conditions: _____

Behavioral or Learning Disabilities: _____

Other Coments: _____

_____.

3st STUDENT

Student First Name: _____ Last name: _____

2025-2026 Grade: _____ Date of Birth: _____ Years old: _____

Did child attend Religious Education classes las year? _____ If YES where: _____

STUDENT SACRAMENTAL RECORD:

Baptism: _____ YES _____ NO Date: _____ Parish: _____

Reconciliation: _____ YES _____ NO Date: _____ Parish: _____

First Communion: _____ YES _____ NO Date: _____ Parish: _____

Confirmation: _____ YES _____ NO Date: _____ Parish: _____

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_____.