 Date

OUR LADY OF HOPE CATHOLIC CHURCH   
RELIGIOUS EDUCATION REGISTRATION FORM 2019-2020

Father's Name: Father's Cell Phone:

Marital Status: Single*/*Married*/*Separated*/*Divorced Father's Work Phone:

Father's E-mail Address:

Mother's Name: Mother's Cell Phone:

Marital Status: Single*/*Married*/*Separated*/*Divorced Mother's Work Phone:

Mother's Maiden Name:

Mother's E-mail Address:

Address:

City: Zip: Phone:

Student lives with

**RELIGIOUS EDUCATION SESSION TIME  
Sunday 10:00 AM. – 11:15 AM. In 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 of preparation (Confirmation I & Confirmation II)

Must pay fees or contact Parish Office to make other arrangements. Fees cover cost of materials, books and utilities in the Middle School building .. (All catechists (teachers) are volunteers and are not paid for services.)

*For Office Use Only*

*Date Registered: \_\_\_/\_\_\_/\_\_\_  
Payment Received: cash check* *amount paid*

**Student # 1**

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

Student Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2018-2019 Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Did child attend Religious Education classes last year? Grade last year

Has the student attended a Catholic School? Years

If yes, in what parish and city & state?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT SACRAMENTAL RECORD**

Baptism: 🞏 No 🞏 Yes Date: / / Parish:

Reconciliation 🞏 No 🞏 Yes Date: / / Parish:

First Communion 🞏 No 🞏 Yes Date: / / Parish:

Confirmation: 🞏 No 🞏 Yes 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:

*Registration Fee: (circle amount)   
$50* - *one child   
$80 -two children   
$110* - *three children or more*

**Student # 2**

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

Student Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2018-2019 Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Did child attend Religious Education classes last year? Grade last year

Has the student attended a Catholic School? Years

If yes, in what parish and city & state?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT SACRAMENTAL RECORD**

Baptism: 🞏 No 🞏 Yes Date: / / Parish:

Reconciliation 🞏 No 🞏 Yes Date: / / Parish:

First Communion 🞏 No 🞏 Yes Date: / / Parish:

Confirmation: 🞏 No 🞏 Yes 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:

**Student # 3**

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

Student Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2018-2019 Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Did child attend Religious Education classes last year? Grade last year

Has the student attended a Catholic School? Years

If yes, in what parish and city & state?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT SACRAMENTAL RECORD**

Baptism: 🞏 No 🞏 Yes Date: / / Parish:

Reconciliation 🞏 No 🞏 Yes Date: / / Parish:

First Communion 🞏 No 🞏 Yes Date: / / Parish:

Confirmation: 🞏 No 🞏 Yes 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_