



# Our Lady of Hope Catholic Church Office of Religious Education New Student Registration Form 2009-2010

**Student Name:** \_\_\_\_\_ **2009-10 School Grade:** \_\_\_\_\_  
**Gender** (please circle one): **Male / Female**

**Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Father's Cell Phone:** \_\_\_\_\_  
**Marital Status:** \_\_\_\_\_ **Father's Work Phone:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Mother's Cell Phone:** \_\_\_\_\_  
**Marital Status:** \_\_\_\_\_ **Mother's Work Phone:** \_\_\_\_\_  
**Preferred title:** Mrs. / Miss / Ms.

If divorced or separated, which parent is primarily responsible for the child's formation? \_\_\_\_\_

**Parents' E-mail Address:** \_\_\_\_\_

**Did the child attend Religious Education classes last year?** \_\_\_\_\_  
• If yes, in what parish and city & state? \_\_\_\_\_

### Religious Education Session Choices

Please number **all** of following sessions in order of your preference, from 1 to 4:

Tuesday, 4:15PM - 5:30PM \_\_\_\_\_ Wednesday, 4:15PM - 5:30PM \_\_\_\_\_  
Tuesday, 6:00PM - 7:15PM \_\_\_\_\_ Wednesday, 6:00PM - 7:15PM \_\_\_\_\_

### Sacramental Preparation for Older Children

\_\_\_\_\_ Baptized students in 3<sup>rd</sup> through 8<sup>th</sup> grade who have **not yet received** 1st Communion meet Tuesdays, 6:00-7:15PM.  
\_\_\_\_\_ Baptized students in 9<sup>th</sup> through 12<sup>th</sup> grade who have **not yet received** Confirmation; class time to be determined.

### Student's Sacramental Record

Please check the following boxes and provide the relevant dates; also, please attach a copy of the baptismal certificate.

**Baptism:**  Yes  No Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at Our Lady of Hope?  Yes  No  
**Reconciliation:**  Yes  No Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at Our Lady of Hope?  Yes  No  
**First Communion:**  Yes  No Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at Our Lady of Hope?  Yes  No  
**Confirmation:**  Yes  No Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at Our Lady of Hope?  Yes  No

### 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:** \_\_\_\_\_  
**Additional Remarks / Special Circumstances:** \_\_\_\_\_

*There is a \$30 late fee for registrations submitted after July 15.*

#### For Office Use Only

**Date Received:** \_\_\_\_ / \_\_\_\_ **Registered:** \_\_\_\_ / \_\_\_\_  
**Payment Received:** \_\_\_\_\_  
**Parent Volunteer:** \_\_\_\_\_

**Registration Fee:**  
\$150 – one child  
\$200 – two children  
\$250 – three children or more