

2015-2016

OUR LADY OF HOPE CHURCH

863 West Chestnut Street, Coal Township, PA 17866

Registration Form - Parish School of Religious Education

FAMILY NAME: _____
 Address: _____
 (City) _____ (Zip) _____
 Home Phone _____ Unlisted? Y _____ N _____
 When sending mail, address to (choose one) MR/MRS _____ MR _____ MRS _____ MISS _____ OTHER _____
 Are you registered at Our Lady of Hope? Y _____ N _____

PARENT/GUARDIAN INFORMATION

<i>Father or Guardian:</i>	<i>Mother or Guardian:</i>
Name: _____	Name: _____
Phone: _____ (h) _____ (w) _____	Phone: _____ (h) _____ (w) _____
Religion: _____	Religion: _____
Marital Status: _____	Marital Status: _____

I AM INTERESTED IN VOLUNTEERING FOR:

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COMMENTS RELATING TO FAITH FORMATION OR FAMILY CONCERNS: _____

EMERGENCY INFORMATION

If above parents/guardians cannot be reached, in event of an emergency please call:

First Contact's NAME: _____ RELATIONSHIP _____
 HOME: (Home) _____ (Cell) _____

Second Contact's NAME: _____ RELATIONSHIP _____
 HOME: (Home) _____ (Cell) _____

Please list the names of all people who are authorized to pick up your child. The parish school of religion will not release your child to anyone not listed on this form.

NAME: _____ Phone: _____
 NAME: _____ Phone: _____

Signature of Parent or Guardian _____ Date _____

(Office use only) Method of payment: _____ Paid in full _____ Partial payment (amount paid: _____) BAL:
 _____ Cash _____ Check # _____

STUDENT NAME: _____ Grade _____

Birth Date: _____ Public School Attending: _____

Previously enrolled in parish School of Religion? Y _____ N _____ If YES, how many years did child attend? _____

Date _____ Name and Address of Church _____

BAPTISM _____

RECONCILIATION _____

1st EUCHARIST _____

CONFIRMATION _____

If student is not living with his or her birth mother and father, please enter the following information:

BIRTH FATHER: _____ BIRTH MOTHER: _____

ADDRESS: _____ ADDRESS: _____

CITY/STATE/ZIP: _____ CITY/STATE/ZIP: _____

HOME PHONE: _____ HOME PHONE: _____

RELIGION: _____ RELIGION: _____

In the space provided, please list any health/medical conditions or any other information which is helpful concerning this child:

STUDENT NAME: _____ Grade _____

Birth Date: _____ Public School Attending: _____

Previously enrolled in parish School of Religion? Y _____ N _____ If YES, how many years did child attend? _____

Date _____ Name and Address of Church _____

BAPTISM _____

RECONCILIATION _____

1st EUCHARIST _____

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HOME PHONE: _____ HOME PHONE: _____

RELIGION: _____ RELIGION: _____

In the space provided, please list any health/medical conditions or any other information which is helpful concerning this child:

PLEASE ENCLOSE \$25 REGISTRATION FEE FOR EACH CHILD. THANK YOU!

Class Cancellation System

Name

Phone

Child (children)

grades

E-mail