

**Our Lady of Lourdes
Parish School of Religion 2017-2018**

Student Name: _____

Birth Date: _____ City of Birth: _____ Grade in Religion: ____ School Grade: ____

Place of Baptism: _____ Email Address: _____

Home/Mailing Address: _____

Mother's Name: _____ Phone Number: _____

Father's Name: _____ Phone Number: _____

Parental Status: ___ Married ___ Separated ___ Divorced

Any Custody Issues: _____

**Emergency Contact Person other than
Parent:** _____ **Phone Number:** _____

Any Siblings in Attendance: _____

Any Known Food Allergies: _____

Special Needs: _____

My child has permission to be photographed for newspaper, bulletins, etc. ___ Yes ___ No

OFFICE USE ONLY

Copy of Baptismal Certificate ___ Yes ___ No

Fees Paid: 1st,3rd-8th Grades \$40.00 _____ 2nd, 9th & 10th Grades \$90.00 _____

Confirmation \$110.00 _____

Notes: _____
