

Saint Olaf Catholic Church LLC 239 - Family Education Registration

276 East 1700 South , Bountiful, UT 84010

Term:2026-2027

FAMILY INFORMATION

Family Last Name: _____ **Date:** _____

Father: _____ Father's Email: _____

Mother: _____ Mother's Email: _____

Mother's Maiden: _____ **Emergency Contact:** _____

Home Phone: _____ Emergency Phone: _____

Home Address: _____

City, St, Postal: _____

Father's Cell / Work: _____ Father Religion: _____

Mother's Cell / Work: _____ Mother Religion: _____

STUDENT INFORMATION

Student Name: _____ **Catholic?** Yes / No

Gender: Male Female

Sacrament Details Check & Date All Below

Birth Date: _____ Baptism: _____

Grade: _____ Eucharist: _____

Session: _____ Reconciliation: _____

Class: _____ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities etc):

STUDENT INFORMATION

Student Name: _____ **Catholic?** Yes / No

Gender: Male Female

Sacrament Details Check & Date All Below

Birth Date: _____ Baptism: _____

Grade: _____ Eucharist: _____

Session: _____ Reconciliation: _____

Class: _____ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities etc):

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: \$ _____ **Tuition PAID:** \$ _____ **Signature:** _____

Saint Olaf Catholic Church LLC 239 - Family Education Registration

276 East 1700 South , Bountiful, UT 84010

Term: 2025-2026

STUDENT INFORMATION

Student Name: _____ **Catholic?** Yes / No

Gender: Male Female

Sacrament Details Check & Date All Below

Birth Date: _____

Baptism: _____

Grade: _____

Eucharist: _____

Session: _____

Reconciliation: _____

Class: _____

Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities etc):

STUDENT INFORMATION

Student Name: _____ **Catholic?** Yes / No

Gender: Male Female

Sacrament Details Check & Date All Below

Birth Date: _____

Baptism: _____

Grade: _____

Eucharist: _____

Session: _____

Reconciliation: _____

Class: _____

Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities etc):

STUDENT INFORMATION

Student Name: _____ **Catholic?** Yes / No

Gender: Male Female

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