



Our Lady of Lourdes
2716 Broad Ave.
Altoona, Pa. 16602
Phone: (814) 943-6185

RELIGIOUS EDUCATION REGISTRATION FORM

Child's Name _____ GRADE _____
Date of Birth _____
Address _____
City/State _____
School _____

PARENTS

Father's Name _____

Mother's Name _____

Mother's Maiden Name _____

PHONE

Home _____

Work _____

Cell _____

SACRAMENTS: If your child has received any of the sacraments, please list the church (even if it was Our Lady of Lourdes) where your child received them:

Baptism: _____ Mo/Day/Yr.

First Communion: _____ Mo/Day/Yr.

Confirmation: _____ Mo/Day/Yr.

Are you currently registered at Our Lady of Lourdes? _____

If your child has any learning disabilities, special needs, or any health conditions that we need to know about, please specify: _____

I, as a parent or guardian of my child, realize and accept my responsibility to see that my child attends weekly Mass and Religious Education class. I realize that this is of the utmost importance in the development of my child's faith and spiritual growth.

Date of Registration: _____

Parent/Guardian Signature: _____