



# Our Lady of Fatima Parish

438 Winsor St, Ludlow MA

## Religious Education Registration Form

Parent's and Emergency contact Information is very Important as our communications are sent by either email or text. **Please print legibly.**

**Father's Name:** \_\_\_\_\_

**Father's Cell Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Mother's Cell Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Best Number to Call:** \_\_\_\_\_

**If a child(ren) received the sacrament of Baptism or First Communion at another Parish  
Please provide this Parish with a copy of the received sacrament(s) certificate.**

**Name of Child:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Baptism (Month, Day, Year): \_\_\_\_\_

First Communion (Month, Day, Year): \_\_\_\_\_

Special Needs / Food Allergies: \_\_\_\_\_

**Name of Child:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Baptism (Month, Day, Year): \_\_\_\_\_

First Communion (Month, Day, Year): \_\_\_\_\_

Special Needs / Food Allergies: \_\_\_\_\_

**Name of Child:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Baptism (Month, Day, Year): \_\_\_\_\_

First Communion (Month, Day, Year): \_\_\_\_\_

Special Needs / Food Allergies: \_\_\_\_\_

**Registration Fee Paid:** \_\_\_\_\_ **Cash:** \_\_\_\_\_ **Check Number:** \_\_\_\_\_