



# Our Lady of Fatima

438 WINSOR ST  
LUDLOW MA

## Religious Education Registration Form

Contact Information is very important as our communications are sent either by email or text

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 \_\_\_\_\_

Email \_\_\_\_\_

Name of Child \_\_\_\_\_ Grade \_\_\_\_\_

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

Baptism Month/Year \_\_\_\_\_

First Communion Month/Year \_\_\_\_\_

Cell Number \_\_\_\_\_

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

Name of Child \_\_\_\_\_ Grade \_\_\_\_\_

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

Baptism Month/Year \_\_\_\_\_

First Communion Month/Year \_\_\_\_\_

Cell Number \_\_\_\_\_

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

Name of Child \_\_\_\_\_ Grade \_\_\_\_\_

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

Baptism Month/Year \_\_\_\_\_

First Communion Month/Year \_\_\_\_\_

Cell Number \_\_\_\_\_

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

Please attach copies of any Sacraments performed at other Parishes

Fee paid: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_