



The Shrine Church of Our Lady of Solace
RELIGIOUS EDUCATION PROGRAM

REGISTRATION FORM 2010-2011

(for office use only)

Amount \$ _____

Receipt # _____

Family ID: # _____

Date: _____

FATHER'S INFORMATION

SINGLE PARENT

Father's name: _____

Date of birth: _____

Place of birth: _____

Occupation: _____

Sacraments received: Baptism Communion Confirmation Marriage

MOTHER'S INFORMATION

SINGLE PARENT

Mother's name: _____

Date of birth: _____

Place of birth: _____

Occupation: _____

Sacraments received: Baptism Communion Confirmation Marriage

FAMILY INFORMATION

Address: _____ Apt. No.: _____

City: _____ State: _____ Zip: _____

Phone Numbers

Home Telephone: () - _____

Father's cell: () - _____

Father's work: () - _____

Mother's cell: () - _____

Mother work: () - _____

EMERGENCY CONTACT INFORMATION

Full name: _____ Relation to child: _____

Address: _____ Apt. No.: _____

Telephone: _____ Cell phone: _____

Family Mass attendance:

9:30 a.m. Sunday 11:00 a.m. Sunday 12:30 p.m. Sunday None

Language spoken at home (check all that apply):

English Spanish Other: _____

No of children registering in the program: ① ② ③ ④ Other: _____



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Child Information - **PLEASE FILL OUT ONE FORM PER CHILD**

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PAYMENT:

Amount: \$ _____

Receipt: # _____

Family ID: # _____

Date: _____

Child's name:

First

Middle

Last

Child's date
of birth: _____ \ _____ \ _____

Place of birth: _____

School grade
for 2010-2011: _____ School: _____

Is the child in
special education? Yes No ESL Program: _____

Reason: _____

OTHER SIBLINGS IN THE PROGRAM

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

SACRAMENT INFORMATION

My child has received:: Baptism Communion No Sacraments

Date of Baptism: _____ \ _____ \ _____ Copy? Yes No OLS
Month Day Year

Date of Communion: _____ \ _____ \ _____ Copy? Yes No OLS
Month Day Year



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Child Information - PLEASE FILL OUT ONE FORM PER CHILD

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PAYMENT:

Amount: \$ _____

Receipt: # _____

Family ID: # _____

Date: _____

Child's name:

First

Middle

Last

Child's date

of birth:

_____ \ _____ \ _____

Place of birth:

School grade

for 2010-2011:

School:

Is the child in

special education?

Yes

No

ESL Program:

Reason:

OTHER SIBLINGS IN THE PROGRAM

Name: _____

Grade: _____

Name: _____

Grade: _____

Name: _____

Grade: _____

Name: _____

Grade: _____

SACRAMENT INFORMATION

My child has received::

Baptism

Communion

No Sacraments

Date of Baptism:

_____ \ _____ \ _____
Month Day Year

Copy?

Yes

No

OLS

Date of Communion:

_____ \ _____ \ _____
Month Day Year

Copy?

Yes

No

OLS