

**RELIGIOUS EDUCATION REGISTRATION 2011-12**  
**Our Lady of Victory Catholic Church**

**Please print clearly**

Family Name \_\_\_\_\_ Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Mailing Address, City, Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone: Home# \_\_\_\_\_ Mom Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Dad Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Contact name and phone number in case of emergency: \_\_\_\_\_

Child's First & Last Name	Grade in School	Age	Date of Birth	Baptism "Yes" or "No"	Reconciliation "Yes" or "No"	Eucharist "Yes" or "No"	Confirmation "Yes" or "No"	School Child Attends

\_\_\_\_\_ I am aware that I may request an Opt-Out Form to exclude my child from participating in the Safe Environment / Abuse Prevention  
 (initial) Training class.

**PLEASE SEE THE REVERSE SIDE** 

IN OUR EFFORTS TO BETTER SERVE THE EDUCATIONAL NEEDS OF YOUR CHILDREN PLEASE PROVIDE THE FOLLOWING INFORMATION:

Does your child(ren) have allergies? If yes, please specify.

Child's Name

Allergy

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Does your child(ren) have any learning disabilities? If yes, please specify.

Child's Name

Disability

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Does your child(ren) have any physical disabilities? If yes, please specify.

Child's Name

Disability

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Our family is registered in this parish: Yes \_\_\_ No \_\_\_ : *If not, please request and complete a Parish Registration Form today.*

Our family attends Mass: Weekly \_\_\_ Monthly \_\_\_ Seldom \_\_\_ Never \_\_\_

Our children attended RE last year: Weekly \_\_\_ Often \_\_\_ Seldom \_\_\_ Never \_\_\_

Our children will attend RE this year: Weekly \_\_\_ Often \_\_\_ Seldom \_\_\_ Never \_\_\_

I can help: \_\_\_ Teach RE \_\_\_ Occasionally sub in class \_\_\_ Retreats \_\_\_ Bake cookies

\_\_\_ Sewing \_\_\_ Occasional other help

**Fees: \$20 per child / \$60 maximum per family**

**- not including Sacramental Prep Fee: \$15 per child (if applicable)**

**For office use only:**

Paid: Cash amount: \_\_\_\_\_

Check amount: \_\_\_\_\_

Check #: \_\_\_\_\_