

Our Lady of Lebanon Church

Religious Education Class Registration

September 2009 to May 2010

Date _____

Last Name _____

Father's Name _____

Mother's Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone No. _____ E-mail Address _____

Student _____ Age _____ Birth Date ___/___/___ Grade in School _____

Student _____ Age _____ Birth Date ___/___/___ Grade in School _____

Student _____ Age _____ Birth Date ___/___/___ Grade in School _____

Student _____ Age _____ Birth Date ___/___/___ Grade in School _____

Indicate where the child(ren) were baptized _____

List any additional information which is important to your child(ren) and their success in class. Please inform us if there are any health concerns we should know of such as allergies, asthma, hyper-activity, etc.

Method of payment: Cash \$ _____

Check No. _____ \$ _____