

Religious Education Registration Form
for
Our Lady of the Lake Catholic Church
1975 Daytona Drive
Lake Havasu City, AZ

Today's Date _____

Family Name _____

Street Address _____

PO Box _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____ E-mail Address _____

When Sending Mail, Address To: (Choose One)

MR./MRS. MR. MRS. MISS DR. / MRS. MR./DR. OTHER _____

Are you registered at this church? Y N If Yes, Envelope Number: _____

.....Parents/Guardians.....

Relationship to Child _____ Relationship to Child _____

Name: _____ Name: _____

Business: _____ Business: _____

Bus. Phone: _____ Bus. Phone: _____

Religion: _____ Religion: _____

Marital Status: _____ Marital Status: _____

I am interested in volunteering for:

Comments:

.....EMERGENCY INFORMATION.....

In the event of an emergency, if you are unable to reach me, please contact the following:

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

Student Name: _____ Grade This Year: _____ Sex _____

Religion: _____ School: _____ Ethnic Background: _____

Language: _____ Birth date: __/__/__ Attended here before: Y N

	Date	Place Sacrament was performed	Address of the church of Baptism
Baptism:	/ / /	_____	_____
Reconciliation:	/ / /	_____	Health Problems: _____
1 st Communion:	/ / /	_____	Other conditions: _____
Confirmation:	/ / /	_____	Remarks: _____

If the student is not living with his or her birth mother and/or birth father, please enter the following:

Birth Father: _____	Birth Mother: _____
Address: _____	Address: _____
City/State: _____ Zip Code: _____	City/State: _____ Zip Code: _____
Home Phone: _____ Bus. Phone: _____	Home Phone: _____ Bus. Phone: _____
Religion: _____ Mar. Status: _____	Religion: _____ Mar. Status: _____

Student Name: _____ Grade This Year: _____ Sex _____

Religion: _____ School: _____ Ethnic Background: _____

Language: _____ Birth date: __/__/__ Attended here before: Y N

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