Our Lady of Lourdes Religious Education 2019-2020

	H: BOTH PARENTS _				
	*Please submit copies of any legal contact restrictions to the Director of Faith Formation IER'S NAME: RELIGION:				
			RELIGION		
PRIMARY PHONE		EMAIL			
MOTHER'S NAME:			RELIGION:		
ADDRESS:					
PRIMARY PHONE:		EMAII	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
formation is at its bes registered members l they also learn that th celebrate together, ar	n a parish is an important t when kids are enrolled because as they learn a ne Church is a communi and who support one and	d in RE a about the ity of pec	t the parish whe Good News an ople who love G	ere their family ind the Catholic a and each ot	s involved as Tradition,
ENROLLMENT FEES	members of				Parish.
 Members of other letter of permissio DISCOUNTS are avour weekly RE profaith community! Fearth of the standard of the	must complete VIRTUS and be present at 90% or or Co-Teacher: arrive a et students/monitor sa nment Team: monitor h	to enroll ur parish g ADUL ⁻ the gen are able of RE class at 5:45 to afe arriva allways	at the above raid. TTEACHERS and erosity and involve to help! THAN ting God's Childresses. To prep and lead of the from 5:55-6:15	d HELPERS . The lvement volunt K YOU for servi ren" online traini class weekly (F pm (25% discou	e success of teers from our ing God and ing and back FREE!!!) unt)
Pleas	e return this form to Our Lady of Lourdes Attn: Emily Andes 1414 Mississippi Blvd.	the OL	OL office by A Place it in the c basket at Mass	collection	
	Bettendorf, IA 52722				
	NLY Amount paid		Check #:	Cash: \$	
,	Notes:				
Receive	ed by:	on _	_//		

Please complete the following information for all children, beginning with the oldest. 1ST CHILD NAME (FIRST, MIDDLE, LAST): _____ GENDER: M F DATE OF BIRTH: ___/__ GRADE 2019-2020: ____ SCHOOL: _____ ALLERGIES OR SPECIAL MEDICAL NEEDS: BAPTISMAL DATE: CHURCH NAME/CITY/STATE: *Please submit baptismal certificate if not baptized at Lourdes and not previously submitted. FIRST RECONCILIATION? YES NO FIRST HOLY COMMUNION? YES NO 2ND CHILD NAME (FIRST, MIDDLE, LAST): GENDER: M F DATE OF BIRTH: ___/__ GRADE 2019-2020: ____ SCHOOL: ____ ALLERGIES OR SPECIAL MEDICAL NEEDS: BAPTISMAL DATE: CHURCH NAME/CITY/STATE: *Please submit baptismal certificate if not baptized at Lourdes and not previously submitted. FIRST RECONCILIATION? ___YES ___NO FIRST HOLY COMMUNION? ___YES ___NO 3RD CHILD NAME (FIRST, MIDDLE, LAST): _____ GENDER: M F DATE OF BIRTH: ___/__ GRADE 2019-2020: ____ SCHOOL: _____ ALLERGIES OR SPECIAL MEDICAL NEEDS: BAPTISMAL DATE: _____ CHURCH NAME/CITY/STATE: _____ *Please submit baptismal certificate if not baptized at Lourdes and not previously submitted. FIRST RECONCILIATION? ___YES ___NO FIRST HOLY COMMUNION? ___YES ___NO ADULT COMPLETING REGISTRATION'S RELATIONSHIP TO CHILD(REN): CONTACT INFORMATION IF OTHER THAN A PARENT: NAME: ADDRESS: PRIMARY PHONE: E-MAIL: Yes! OLOL may use my child's photo/video in the bulletin and on social media. No! Please do not use my child's photo/video. SIGNATURE: DATE: