Our Lady of Perpetual Help

Education Registration 2016

Please fill this form out for your children attending classes in 2016-2017

Family Name _____ Primary Phone Number _____ Primary Email _____@_____

Father's Name _____ Occupation _____ Work # ____-_____ Cell #_____-_____

Mother's Name _____ Occupation _____ Work # ____-_____ Cell #_____-_____

Address_____
Street *City* *Zip*

Mailing Address_____
street *City* *Zip*

I prefer to get information via text ____ email ____ or voice mail _____

Information about your child(ren)						Sacraments your child has received (mark box)				Sacraments you want your Child to receive this year (mark box)			
	Child's Name	Preferred Name	Birth Date	Age	Grade	Baptism	Eucharist	Penance	Confirmation	Baptism	Eucharist	Penance	Confirmation
1													
2													
3													
4													
5													
6													
7													