

Our Lady of the Valley

CATHOLIC CHURCH
and PARISH SCHOOL

Office of Religious Education

FOR OFFICE USE ONLY

First year Second year New Returning

Catechist _____ Room _____

Date received _____ By _____

Fee Paid \$ _____ Cash _____ Check # _____

Baptismal Certificate Submitted

APPLICATION FORM- ELEMENTARY & JR. HIGH

STUDENT INFORMATION

CHILD'S LAST NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH	PLACE OF BIRTH	SCHOOL GRADE
HOME ADDRESS	CITY	ZIP
WITH WHOM DOES THE CHILD LIVES WITH? BOTH PARENT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GRANDPARENTS <input type="checkbox"/> OTHER _____		
DATE OF BAPTISM	CHURCH OF BAPTISM	

PLEASE SUBMIT AN ORIGINAL COPY OF CHILD'S BAPTISMAL CERTIFICATE

FATHER'S INFORMATION

MOTHER'S INFORMATION

FIRST NAME	LAST NAME	FIRST NAME	LAST NAME
RELIGION		MAIDEN NAME	RELIGION
HOME PHONE	WORK PHONE	HOME PHONE	WORK PHONE
CELL PHONE	OCCUPATION	CELL PHONE	OCCUPATION
MARITAL STATUS: SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> COMMON-LAW MARRIAGE <input type="checkbox"/>		MARITAL STATUS: SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> COMMON-LAW MARRIAGE <input type="checkbox"/>	

SPECIAL CIRCUMSTANCES

Are there any special circumstances for this student of which we need to be aware? YES NO
if yes, please explain: _____
Special needs: _____

PARISH REGISTRATION

Are you registered at Our Lady of the Valley Parish? YES NO Envelope #: _____
Are you new to our program? YES NO Has this student been in a program in another parish? YES NO
If yes, name of parish: _____

IN CASE OF EMERGENCY, AND YOU CAN'T CONTACT ME, PLEASE CALL:

CONTACT NAME	PHONE NUMBER	RELATIONSHIP TO CHILD
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