

Our Lady of the Mountains Roman Catholic Parish

RELIGIOUS EDUCATION REGISTRATION

IMPORTANT: PLEASE PRINT CLEARLY AND FILL IN ALL INFORMATION

(this page is only filled in once for the whole family)

TODAY'S DATE: _____

ARE YOU CURRENTLY REGISTERED AT OUR LADY OF THE MOUNTAINS? YES NO
PLEASE SUBMIT PARISH REGISTRATION FORM IF NOT REGISTERED

**YOU MUST SUBMIT A COPY OF YOUR CHILD'S BAPTISM CERTIFICATE
IF HE/SHE WILL RECEIVE A SACRAMENT THIS YEAR.**

FATHER'S NAME: _____
First MI Last

MOTHER'S NAME: _____
First MI Maiden Last

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____
Mother Father

WORK PHONE NUMBER: _____
Mother Father

EMAIL ADDRESS: _____
Mother

EMAIL ADDRESS: _____
Father

EMERGENCY CONTACT (other than father or mother):

Name (First Last)

Home Phone Cell Phone Relationship

Please notify catechist or office of changes to your contact information

Parent's signature: _____