

SACRAMENTAL PREPARATION YEAR TWO REGISTRATION FORM

8/30/2017

CHILD'S NAME _____
Last First Middle

SCHOOL _____ GRADE _____

PARENT/GUARDIAN NAME _____

ADDRESS _____
Zip Code

EMAIL ADDRESS _____

PRIMARY PHONE# _____

SECONDARY PHONE# _____

PARENT/GUARDIAN NAME _____

ADDRESS *(if different)* _____
Zip Code

EMAIL ADDRESS _____

PRIMARY PHONE# _____

SECONDARY PHONE# _____

Materials Fee is \$35 (financial assistance available). Please make check out to OLG.

Office Use Only

Date Payment Received _____

Amount _____

Check # _____

Sacramental Records Form Returned _____