

OUR LADY OF THE EUCHARIST PARISH

School of Religious Education

Registration 2019-2020

PLEASE PRINT 535 North Main Street
Pittston, PA 18640

Phone: 570-654-0263
email: olepittston@gmail.com

Registration Fee(s): \$25.00 for one child
\$15.00 for second child

Attached Cash Check
no more than \$50.00 per family

FAMILY INFORMATION ___ is correct on printed form(s) ___ corrections have been made on form(s)

Mailing Name _____
(Mr., Mrs, Mr. & Mrs., Ms., etc.) First Name Initial Last Name

Address _____
Street City Zip

Home Phone _____

Father's Information

First Name _____
Last Name _____
Address _____
City, St., Zip _____
Home Phone _____
e-mail _____
Religion _____
Occupation _____
Business Phone _____

Mother's Information

First Name _____
Maiden _____
Last Name _____
Address _____
City, St., Zip _____
Home Phone _____
e-mail _____
Religion _____
Occupation _____
Business Phone _____

Student's Information

First Name _____ Date of Birth _____
Middle Name _____ City of Birth _____
Last Name _____ Sex male female
Address _____ Lives with both parents mother father
City, St., Zip _____ guardian other _____
Home Phone _____ School _____ Grade _____

Sacramental Information

Baptism

Church _____
City/State _____
Date _____

First Eucharist

Church _____
City/State _____
Date _____

First Penance

Church _____
City/State _____
Date _____

Confirmation

Church _____
City/State _____
Date _____

Additional Student Information

Who is responsible for student's full-time care?

- both parents mother father guardian
 other _____

In case of emergency, please contact:

Name _____ Phone Number _____

The student will be regularly dropped off by _____
and picked up by _____

Does your child have any special learning needs, which should be communicated to the classroom teacher?
(i.e. Hearing Loss, Reading Level, etc.) yes no

If yes, please explain:

Is the student on any medication or are there any health needs that we should be aware of?

Student Information for Second Child

First Name _____
Middle Name _____
Last Name _____
Address _____
City, St., Zip _____
Home Phone _____

Date of Birth _____
City of Birth _____
Sex male female
Lives with both parents mother father
 guardian other _____
School _____ Grade _____

Sacramental Information

Baptism

Church _____
City/State _____
Date _____

First Eucharist

Church _____
City/State _____
Date _____

First Penance

Church _____
City/State _____
Date _____

Confirmation

Church _____
City/State _____
Date _____

Additional Student Information

Who is responsible for student's full-time care? both parents mother father guardian
 other _____

In case of emergency, please contact:

Name _____ Phone Number _____

The student will be regularly dropped off by _____
and picked up by _____

Does your child have any special learning needs, which should be communicated to the classroom teacher?
(i.e. Hearing Loss, Reading Level, etc.) yes no

If yes, please explain:

Is the student on any medication or are there any health needs that we should be aware of?

