

Date received _____
Check # _____
Permission form _____
Sacraments _____

Our Lady of Victory Faith Formation
Registration Form
2013-2014

Child's Name (Last, First)	Date of Birth	Grade (Fall '13)	School	Session Preference (Sun. or Mon.)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Address: _____ Zip _____

Home Phone _____

Email _____

Mailing Address (if different) _____ Zip _____

Mother's Name _____ Religion _____ Maiden Name _____

Father's Name _____ Religion _____

Marital Status **married** **separated** **divorced** **widowed** **single**

****EMERGENCY PHONE NUMBERS:**

Mother's work Phone _____ Cell Phone _____

Father's Work Phone _____ Cell Phone _____

*In case we cannot reach a parent, please provide an **emergency contact person** who is available during our sessions and who lives in close proximity to the church.*

NAME _____ **ADDRESS** _____

PHONE _____ **RELATIONSHIP TO CHILD** _____

Allergies _____

(OVER)

Sacraments: Date, name and location of Church *(Please provide Baptismal certificate with this form.)*

Baptism: _____

Reconciliation: _____

1st Eucharist: _____

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