

**OUR LADY OF LEBANON
MARONITE CATHOLIC CHURCH
RELIGIOUS EDUCATION REGISTRATION FORM
2011-2012**

NAME _____ DATE OF BIRTH _____

FATHER'S NAME _____

MOTHER'S NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

TELEPHONE # _____

E-MAIL _____

SCHOOL ATTENDING _____ GRADE _____

IN CASE OF EMERGENCY, IF PARENTS ARE NOT AVAILABLE, WHO SHOULD

WE CALL? _____ PHONE # _____

IS YOUR CHILD BAPTIZED? _____ WHERE? _____

DID YOUR CHILD RECEIVE:

CONFIRMATION? _____

FIRST COMMUNION? _____

DOES YOUR CHILD HAVE ANY ALLERGIES? _____ IF YES, PLEASE

SPECIFY: _____

Registration Fee per Child: \$35.00 x number of children \$ _____

Book Fee per Child: \$15.00 x number of children \$ _____

Total Registration Fee due: \$ _____

Amount Paid \$ _____ Cash/Check # _____