**OUR LADY OF FATIMA**

**2020-2021 1st, 3rd-9th Grade CCD Registration (Non-Catholic School Children)**

|  |  |
| --- | --- |
| **FEE SCHEDULE:** | **Registration Fees are due by Friday, August 28, 2020** |
| **1 Child          $25.00****2 Children    $45.00****3+ Children  $60.00** | **$25 Late Fee will be assessed after 8/28/20****Make checks payable to:  OUR LADY OF FATIMA CHURCH****Mail to OR Deliver to:  2319 Johnston Street, Lafayette, LA  70503** |

**PLEASE PRINT CLEARLY AND COMPLETE ENTIRE FORM**

**CHILD’S LEGAL** NAME *(****NO initials or nicknames)*:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Gender:  M\_\_\_\_\_ F\_\_\_\_\_

     FIRST                                             MIDDLE                                      LAST

DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE:\_\_\_\_\_\_\_\_PLACE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                          MONTH/ DAY/ YEAR

MAILING ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

   (Preferred)                                         STREET                                                  CITY                                 STATE            ZIP CODE

|  |
| --- |
| MAIN PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT’S EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        |

                                                                                                                        (Please check OFTEN and notify Church of any changes!)

GRADE:\_\_\_\_\_\_\_\_\_ SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIST ALLERGIES AND/OR HEALTH CONCERNS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SACRAMENTS RECEIVED:**

**BAPTISM: Y\_\_\_\_\_\_ N\_\_\_\_\_\_**CHURCH OF BAPTISM:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_

(Attach a copy of Child’s BAPTISMAL CERTIFICATE/ Child is Legally Adopted: \_\_\_\_\_Y \_\_\_\_\_ N (Attach Adoption Information)

**1ST RECONCILIATION: Y\_\_\_\_\_ N\_\_\_\_\_     EUCHARIST:  Y\_\_\_\_\_ N\_\_\_\_\_** WHERE?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER’S FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELIGION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(as NOTED on BAPTISMAL Cert.)** First                            Middle                   Last

MAILING ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if different from above)                   Street                                                 City                                                    State                      Zip Code

MOTHER’S FULL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELIGION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(as NOTED on BAPTISMAL Cert.)** First                            Middle                   Last

MAILING ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if different from above)                   Street                                                 City                                                    State                      Zip Code

CELL PHONE:  (MOTHER)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(FATHER)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*According to Church Law:  **Reception of the Sacraments should occur within the church parish a child is officially REGISTERED.  If you are currently NOT a registered parishioner of Our Lady of Fatima Roman Catholic Church, you MUST obtain a LETTER OF PERMISSION from the Church in which you ARE registered or in whose geographical boundaries you live.**

Office use only:

Registration Fee:  Amt. Pd. \_\_\_\_\_\_\_\_\_\_ Date Rec’d \_\_\_\_\_\_\_\_\_\_\_  Check # \_\_\_\_\_\_\_\_\_\_ Cash \_\_\_\_\_\_\_\_\_\_                       Revised 7/16/18