**OUR LADY OF FATIMA**

**2018-2019 1st, 3rd-9th Grade CCD Registration (Non-Fatima School Children)**

|  |  |
| --- | --- |
| **FEE SCHEDULE:** | **Registration Fees are due by Friday, August 31, 2018** |
| **1 Child $25.00****2 Children $45.00****3+ Children $60.00** | **$25 Late Fee will be assessed after 8/31/18****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