

Our Lady Of Sorrows Religious Education ONLINE REGISTRATION FORM

LOCATION: Online Zoom Meeting

TIME: 7:00–7:40 PM MONDAYS

PLEASE PRINT

SURNAME OF STUDENT: _____

ADDRESS: _____

POSTAL CODE: _____

EMAIL ADDRESS(ES) to receive catechism information: _____

CELL PHONE # _____

PARENTS' NAMES, first and last if different than child (*please print*)

MOTHER: _____ FATHER: _____

MOTHER'S RELIGION (RC/OTHER): _____

FATHER'S RELIGION (RC/OTHER): _____

CHILDREN (*please print*)

1. **FIRST NAME** _____ **AGE:** _____

NAME OF DAY SCHOOL: _____

SCHOOL GRADE IN SEPT 2021: _____
RELIGIOUS ED GRADE IN WHICH YOU WISH TO REGISTER YOUR CHILD: _____
LAST RELIGIOUS ED GRADE COMPLETED: _____

2. **FIRST NAME** _____ **AGE:** _____

NAME OF DAY SCHOOL: _____

SCHOOL GRADE IN SEPT 2021: _____
RELIGIOUS ED GRADE IN WHICH YOU WISH TO REGISTER YOUR CHILD: _____
LAST RELIGIOUS ED GRADE COMPLETED: _____

3. **FIRST NAME** _____ **AGE:** _____

NAME OF DAY SCHOOL: _____

SCHOOL GRADE IN SEPT 2021: _____
RELIGIOUS ED GRADE IN WHICH YOU WISH TO REGISTER YOUR CHILD: _____
LAST RELIGIOUS ED GRADE COMPLETED: _____

VOLUNTEER TEACHERS ARE NEEDED FOR ALL CLASSES. IF YOU ARE ABLE TO ASSIST PLEASE INDICATE WHICH GRADE YOU WOULD PREFER. **TEACHER FOR GRADE:** _____