

Religious Education Registration Form  
for  
Our Lady of the Lake Catholic Church  
1975 Daytona Drive  
Lake Havasu City, AZ

Today's Date \_\_\_\_\_

Family Name \_\_\_\_\_

Street Address \_\_\_\_\_

PO Box \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

When Sending Mail, Address To: (Choose One)

MR./MRS. MR. MRS. MISS DR. / MRS. MR./DR. OTHER \_\_\_\_\_

Are you registered at this church? Y N If Yes, Envelope Number: \_\_\_\_\_

.....Parents/Guardians.....

Relationship to Child \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Business: \_\_\_\_\_ Business: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Religion: \_\_\_\_\_ Religion: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Marital Status: \_\_\_\_\_

I am interested in volunteering for:

\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....EMERGENCY INFORMATION.....

In the event of an emergency, if you are unable to reach me, please contact the following:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade This Year: \_\_\_\_\_ Sex \_\_\_\_\_

Religion: \_\_\_\_\_ School: \_\_\_\_\_ Ethnic Background: \_\_\_\_\_

Language: \_\_\_\_\_ Birth date: \_\_/\_\_/\_\_ Attended here before: Y N

|                            | Date  | Place Sacrament was performed | Address of the church of Baptism |
|----------------------------|-------|-------------------------------|----------------------------------|
| Baptism:                   | / / / | _____                         | _____                            |
| Reconciliation:            | / / / | _____                         | Health Problems: _____           |
| 1 <sup>st</sup> Communion: | / / / | _____                         | Other conditions: _____          |
| Confirmation:              | / / / | _____                         | Remarks: _____                   |

If the student is not living with his or her birth mother and/or birth father, please enter the following:

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| Birth Father: _____                 | Birth Mother: _____                 |
| Address: _____                      | Address: _____                      |
| City/State: _____ Zip Code: _____   | City/State: _____ Zip Code: _____   |
| Home Phone: _____ Bus. Phone: _____ | Home Phone: _____ Bus. Phone: _____ |
| Religion: _____ Mar. Status: _____  | Religion: _____ Mar. Status: _____  |

Student Name: \_\_\_\_\_ Grade This Year: \_\_\_\_\_ Sex \_\_\_\_\_

Religion: \_\_\_\_\_ School: \_\_\_\_\_ Ethnic Background: \_\_\_\_\_

Language: \_\_\_\_\_ Birth date: \_\_/\_\_/\_\_ Attended here before: Y N

|                            | Date  | Place Sacrament was performed | Address of the church of Baptism |
|----------------------------|-------|-------------------------------|----------------------------------|
| Baptism:                   | / / / | _____                         | _____                            |
| Reconciliation:            | / / / | _____                         | Health Problems: _____           |
| 1 <sup>st</sup> Communion: | / / / | _____                         | Other conditions: _____          |
| Confirmation:              | / / / | _____                         | Remarks: _____                   |

If the student is not living with his or her birth mother and/or birth father, please enter the following:

|                                     |                                     |
|-------------------------------------|-------------------------------------|
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| Address: _____                      | Address: _____                      |
| City/State: _____ Zip Code: _____   | City/State: _____ Zip Code: _____   |
| Home Phone: _____ Bus. Phone: _____ | Home Phone: _____ Bus. Phone: _____ |
| Religion: _____ Mar. Status: _____  | Religion: _____ Mar. Status: _____  |

Student Name: \_\_\_\_\_ Grade This Year: \_\_\_\_\_ Sex \_\_\_\_\_

Religion: \_\_\_\_\_ School: \_\_\_\_\_ Ethnic Background: \_\_\_\_\_

Language: \_\_\_\_\_ Birth date: \_\_/\_\_/\_\_ Attended here before: Y N

|                            | Date  | Place Sacrament was performed | Address of the church of Baptism |
|----------------------------|-------|-------------------------------|----------------------------------|
| Baptism:                   | / / / | _____                         | _____                            |
| Reconciliation:            | / / / | _____                         | Health Problems: _____           |
| 1 <sup>st</sup> Communion: | / / / | _____                         | Other conditions: _____          |
| Confirmation:              | / / / | _____                         | Remarks: _____                   |

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| City/State: _____ Zip Code: _____   | City/State: _____ Zip Code: _____   |
| Home Phone: _____ Bus. Phone: _____ | Home Phone: _____ Bus. Phone: _____ |
| Religion: _____ Mar. Status: _____  | Religion: _____ Mar. Status: _____  |