

# Our Lady of the Valley Religious Education Registration 2019-2020

Are you a registered parishioner at Our Lady of the Valley? \_\_\_ Yes \_\_\_ No

## Student Information

	Student 1	Student 2	Student 3	Student 4
Name (First Last)				
Date of Birth				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade in Fall				
Medical/Behavioral Concerns	<input type="checkbox"/> No <input type="checkbox"/> Yes (explain on next page)	<input type="checkbox"/> No <input type="checkbox"/> Yes (explain on next page)	<input type="checkbox"/> No <input type="checkbox"/> Yes (explain on next page)	<input type="checkbox"/> No <input type="checkbox"/> Yes (explain on next page)
Previous Religious Ed Completed	Last Grade: _____ Calendar Year: _____ Parish: _____	Last Grade: _____ Calendar Year: _____ Parish: _____	Last Grade: _____ Calendar Year: _____ Parish: _____	Last Grade: _____ Calendar Year: _____ Parish: _____
Sacraments Already Received	<input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation

## Primary Residence of Student(s)

Family Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Mother (or Female Guardian)

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address City, State Zip (if Different): \_\_\_\_\_

## Father (or Male Guardian)

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address City, State Zip (if Different): \_\_\_\_\_

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Emergency Contact Information

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_  
Secondary Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_

Medical or Behavioral Concerns

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

Parent or Guardian Signature

Printed: \_\_\_\_\_  
Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

Catholic Diocese of Arlington: Photo, Press, Audio, and Electronic Media Release

**This release is optional. Do not sign if you do not consent.**

I authorize the Catholic Diocese of Arlington, its parishes and/or schools to use and publish the photographs and/or motion picture or videotape for which my child(ren) have posed. I agree that the Catholic Diocese of Arlington, its parishes and/or schools may use such photographs of my child(ren) with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, bulletin, and Web content. I have read and understand the above:

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_