

OUR LADY OF PERPETUAL HELP CATHOLIC CHURCH
RELIGIOUS EDUCATION REGISTRATION — 2010-2011
 Registration Closing Date: Friday, September 10, 2010
 Return to: 929 Harvard Clovis CA 93612 Questions? Call Karen Mentlewski at 299-4270

FAMILY LAST NAME: _____
 FATHER'S NAME: _____ MOTHER'S NAME: _____ MAIDEN NAME: _____
 STREET ADDRESS: _____ APT _____ CITY: _____ ZIP CODE: _____
 HOME TELEPHONE: _____ CELL PHONE: _____ E-MAIL: _____

Registration Information: Preschool - Sixth Grade
Classes begin September 21 & 22, 2010 \$40.00 per student

STUDENT'S FULL NAME	AGE	DATE OF BIRTH	GRADE	When and where did student attend Religious Education classes?	Has student received these Sacraments?	Tuesday Class 4:00	Wednesday Class 4:00	Wednesday Class 6:30	La clase de viernes 6:00
1.				Year attended & name of Church:	Baptism NO YES First Confession NO YES First Communion NO YES				
2.				Year attended & name of Church:	Baptism NO YES First Confession NO YES First Communion NO YES				
3.				Year attended & name of Church:	Baptism NO YES First Confession NO YES First Communion NO YES				
4.				Year attended & name of Church:	Baptism NO YES First Confession NO YES First Communion NO YES				

Religious Education Ministry - sharing the Good News with others.

I would be willing to (please circle) **TEACH** or **ASSIST**
 on (day & time of class) _____ in grade: _____.

Name: _____ Phone: _____ E-mail: _____

Please complete the other side

FOR OFFICE USE ONLY
 Date Received: _____ Tuition: _____ Amt pd. _____ Check #: _____
 Cash: _____ Bal. _____ J Data _____ K Data _____ Class List _____

**Registration Information: Grades 7 - 9 & 1st / 2nd Year Confirmation Fee: \$40.00 per student
Sundays 6:45 - 8:00 p.m. Classes begin September 19, 2010**

STUDENT'S FULL NAME	AGE	DATE OF BIRTH	GRADE	When & where did student attend Religious Education classes?	Has student received these Sacraments?	Name of Jr. High/ High School
1.				Year attended & name of Church:	Baptism NO YES First Confession NO YES First Communion NO YES	
2.				Year attended & name of Church:	Baptism NO YES First Confession NO YES First Communion NO YES	
3.				Year attended & name of Church:	Baptism NO YES First Confession NO YES First Communion NO YES	
4.				Year attended & name of Church:	Baptism NO YES First Confession NO YES First Communion NO YES	

**Registration Information: Catholic Adult Sacramental Preparation and RCIA classes:
Thursdays 7:00 - 9:00 p.m. Fee \$40.00
Classes begin September 9, 2010**

FULL NAME	DATE OF BIRTH	If you are Catholic, have you received these Sacraments?	If you are not Catholic, were you baptized?	Name of Church & approx. date
1.		Baptism NO YES First Confession NO YES First Communion NO YES	NO YES	
2.		Baptism NO YES First Confession NO YES First Communion NO YES	NO YES	

**List each student with medical information of which we need to be aware.
Are there any special needs?**

STUDENT'S FULL NAME	Medical information and any special needs
1.	
2.	
3.	