

**OUR LADY OF PERPETUAL HELP CATHOLIC CHURCH  
RELIGIOUS EDUCATION REGISTRATION — 2008-2009**

Registration Closing Date: Friday, September 12, 2008

Return to: 929 Harvard Clovis CA 93612

Questions? Call Karen Mentlewski at 299-4270

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

**Registration Information: Preschool - Sixth Grade  
Classes begin September 23 & 24, 2008 \$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: \_\_\_\_\_.

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Tuition: \_\_\_\_\_ Amt pd. \_\_\_\_\_ Check #: \_\_\_\_\_  
 Cash: \_\_\_\_\_ Bal. \_\_\_\_\_ J Data \_\_\_\_\_ K Data \_\_\_\_\_ Class List \_\_\_\_\_

**Please complete the other side**

**Registration Information: Grades 7 - 9 & 1st / 2nd Year Confirmation Fee: \$40.00 per student  
Sundays 6:45 - 8:00 p.m. Classes begin September 21, 2008**

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: Adult Faith Formation Thursdays 7:00 - 9:00 p.m. starting September 11, 2008 Fee \$40.00  
Catholic Scripture Study International Tuesdays 7:00 - 9:00 p.m. starting September 22, 2008 Fee \$45.00**

FULL NAME	Adult Faith Formation	Catholic Scripture Study	AFF students only: If you are Catholic, have you received these Sacraments?	AFF students only: 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.	