

OUR LADY OF LIGHT CATHOLIC CHURCH
9136 Riverside Dr. Descanso, CA 91916-0219 (619)445-3620
RELIGIOUS EDUCATION REGISTRATION

Family Last Name _____ Address _____
P.O. Box _____ Zip _____ Home Phone _____
E-Mail _____ Cell Phone _____

Mother's Name _____ Religion _____

Baptism: yes ___ no ___ First Communion: yes ___ no ___ Confirmation: yes ___ no ___
Sacramental Marriage: yes ___ no ___

Father's Name _____ Religion _____

Baptism: yes ___ no ___ First Communion: yes ___ no ___ Confirmation: yes ___ no ___
Sacramental Marriage: yes ___ no ___

Is the family registered in the parish? _____ If no, where _____

STUDENT INFORMATION

Name _____ Birth Date _____ Male/Female _____
Religion _____ School _____ Grade _____

SACRAMENTS	DATE	PARISH/CHURCH
Baptism	_____	_____
Reconciliation	_____	_____
1 st Eucharist	_____	_____
Confirmation	_____	_____

Does the student have special learning or medical needs? _____

Parish Use: Date Enrolled _____ Tuition Pd. _____ Safe Environment Completed _____

STUDENT INFORMATION

Name _____ Birth Date _____ Male/Female
Religion _____ School _____ Grade _____

SACRAMENTS

DATE

PARISH/CHURCH

Baptism _____

Reconciliation _____

1st Eucharist _____

Confirmation _____

— Does the student have special learning or medical needs? _____

Parish Use: Date Enrolled _____ Tuition Pd. _____ Safe Environment Completed _____

STUDENT INFORMATION

Name _____ Birth Date _____ Male/Female
Religion _____ School _____ Grade _____

SACRAMENTS

DATE

PARISH/CHURCH

Baptism _____

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Confirmation _____

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