OUR LADY OF LIGHT CATHOLIC CHURCH 9136 RIVERSIDE DR., DESCANSO, CA 91916 (619)445-3620 RELIGIOUS EDUCATION REGISTRATION

Family Last Name	e		Addres	s		
		Home PhoneE-Mail				
Mother's Name_			Religion			
Baptism: yesi	no First C	ommunion: <i>yes no</i>	Confirm	ation: <i>yesno</i> _	Sacramental Mar	riage: yesno
Father's Name			Religion			
Baptism: yes	no First C	ommunion: yesno	Confirma	ntion: <i>yesno_</i>	Sacramental Mar	riage: yesno
Is the family regi	stered in the pa	arish? If no, wh	nere?			
STUDENT INFORI	MATION					
		Birthdate	M/F	Religion	School	Grade
SACRAMENTS	DATE	PARISH/CHURCH		ADDRESS		
Baptism						
Reconciliation						
1st Eucharist						
Confirmation						
Does the child ha	•	ning or medical needs? D	escribe			
Name		Birthdate	M/F	Religion	School	Grade
SACRAMENTS	DATE	PARISH/CHURCH		ADDRESS		
Baptism						
Reconciliation						
1st Eucharist						
Confirmation						
Does the child ha	ave special lear	ning or medical needs? De	escribe			

STUDENT INFOR		Birthdate	NA/E	Poligion	School	Grado
Name		bii tiidate	1V1/ F	Keligion	3011001	Grade
SACRAMENTS	DATE	PARISH/CHURCH		ADDRESS		
Baptism						
Reconciliation						
1st Eucharist						
Confirmation						
Does the child h	ave special lea	arning or medical needs? De	scribe			
STUDENT INFOR	MATION					
Name		Birthdate	M/F	Religion	School	Grade
SACRAMENTS	DATE	PARISH/CHURCH		ADDRESS		
Baptism						
Reconciliation						
1st Eucharist						
Confirmation						
Does the child h	ave special lea	arning or medical needs? De	scribe			
*Office Use					_	_
Date enrolled		Baptismal Record on Fi	le? 1	Tuition Paid	Ck #	Cash