

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

Family Last Name \_\_\_\_\_ Address \_\_\_\_\_  
P.O. Box \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
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 \_\_\_\_\_ Birthdate \_\_\_\_\_ M/F Religion \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

SACRAMENTS	DATE	PARISH/CHURCH	ADDRESS
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
1 <sup>st</sup> Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

Does the child have special learning or medical needs? Describe \_\_\_\_\_

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Confirmation	_____	_____	_____

Does the child have special learning or medical needs? Describe \_\_\_\_\_

*\*Office Use*

*Date enrolled* \_\_\_\_\_ *Baptismal Record on File?* \_\_\_\_\_ *Tuition Paid* \_\_\_\_\_ *Ck #* \_\_\_\_\_ *Cash* \_\_\_\_\_