

Date: _____

Our Lady of Lourdes Parish School Of Religion

New and Returning Student REGISTRATION

(The parish must have a dated current registration form each year)

STUDENT INFORMATION:

[Please check Sacraments received]

Name of Child or children	Grade (This School Year)	Birthdate	Baptism	1 st Communion	1st Reconciliat ion	Confirmation

**If a child is celebrating a sacrament this year (and they were not baptized at Our Lady of Lourdes) we will need a copy of their Baptismal Certificate turned in with the registration form. Certificates can be obtained by contacting the church of baptism to request a copy.*

PARENT/GUARDIAN INFORMATION

Parent's (Guardians) Names: _____

Address: _____

Home Phone: _____ Email: _____

Emergency Phone: _____

Non-Custodial Parent Name, Address & Phone number (optional)

Alternate Emergency Contact Phone Numbers: (Name, Relationship, Phone Number)

Health or Dietary issues or restrictions - include allergies:

Personal or psychological issues the PSR staff should be aware of- include the names of any persons restricted from contact with the registered child or children:

RELEASE AND INDEMNIFICATION AGREEMENT

Name of Activity **Our Lady of Lourdes Parish School of Religion (OLL PSR)**
Location **OUR LADY OF LOURDES BUILDING AND GROUNDS**

As a parent or guardian of the above-named participant, I give my permission for my child or ward to register for and attend the OLL PSR. I, the undersigned, release from all liability, and indemnify and hold harmless Our Lady of Lourdes Parish, the Diocese of Columbus and any employee, agent or representative thereof from any and all liability, actions, causes of actions, claims, judgments, costs or expenses, arising out of or in any way related to injury, illness or loss incurred by the participant while participating in or traveling to or from this activity.

I HAVE READ AND UNDERSTAND ALL CONTAINED IN THIS AGREEMENT

Parent/Legal Guardian Signature _____

Date _____