

**OUR LADY OF LOURDES
RELIGIOUS EDUCATION OFFICE
5835 Glenway Avenue, Cincinnati, Ohio 45238**

**RELIGIOUS EDUCATION PROGRAM REGISTRATION FOR GRADES 1-8
2016-2017 FEES: \$80/1 child; \$120/2 children; \$140/3 or more children**

CHILD'S NAME _____ SEX: M / F NICKNAME _____
ADDRESS _____ ZIP _____ HOME PHONE _____
BIRTHDATE _____ GRADE (2016 - 2017) _____ SCHOOL _____
PARISH OF REGISTRY _____ PREVIOUS RELIGIOUS INSTRUCTION _____

MOTHER: FULL NAME _____ RELIGION _____
ADDRESS _____ PHONE _____
(If different from child)
OCCUPATION _____ CELL _____

FATHER: FULL NAME _____ RELIGION _____
ADDRESS _____ PHONE _____
(If different from child)
OCCUPATION _____ CELL _____

CUSTODIAL PARENT _____

PREFERRED E-MAIL ADDRESS _____

NAME AND DATE OF BIRTH OF SIBLINGS _____

EDUCATIONAL PROGRAM

Does your child participate in a special educational program? Y / N

If yes, please describe: _____

EDUCATIONAL SKILLS APPROXIMATE READING LEVEL _____

MEDICAL PROBLEMS OR CONSIDERATIONS

A) SEIZURES _____ D) OTHER _____
B) MOTOR DIFFICULTIES _____
C) FOOD ALLERGIES _____

(over)

We would like to be able to help your child learn in the best way possible. Please include any information that will help us educate your child. All information will be kept confidential.

1. My child is best at _____

2. My child most enjoys _____

3. My child least enjoys _____

4. Ways I have tried to help my child (with behavior or school work) that have worked are:

5. Ways that did not work are: _____

6. Special concerns I have: _____

7. What I expect him/her to learn in this class: _____

8. Are you willing to volunteer in the program (i.e. teacher aid, office help, special activities)?

9. Are you willing to substitute teach? _____

10. * * If this is your child's first year, how did you hear about our program?

11. * * For returning students: Do you have any comments about your child's/children's experience as a participant in Our Lady of Lourdes Religious Education Program? Suggestions?
