

Our Lady of Guadalupe  
September 2018 - May 2019  
Religious Education Continuing / Youth Ministry

Family Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_ I check email:  daily  weekly  monthly

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_ I check email:  daily  weekly  monthly

Child lives with:  Both parents  Father  Mother  Other: \_\_\_\_\_

Student #1 Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ 2018-19 Grade: \_\_\_\_\_

Received:  Baptism on \_\_\_\_\_  First Communion on \_\_\_\_\_  Has not received sacraments

**Medical Information**

Are there any chronic conditions or illness of which the Religious Education staff should be aware for this student (e.g., epilepsy, allergies, etc.)?  Yes  No If Yes, please describe: \_\_\_\_\_

Is your child on regular, daily medication?  Yes  No If Yes, please describe: \_\_\_\_\_

Student #2 Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ 2018-19 Grade: \_\_\_\_\_

Received:  Baptism on \_\_\_\_\_  First Communion on \_\_\_\_\_  Has not received sacraments

**Medical Information**

Are there any chronic conditions or illness of which the Religious Education staff should be aware for this student (e.g., epilepsy, allergies, etc.)?  Yes  No If Yes, please describe: \_\_\_\_\_

Is your child on regular, daily medication?  Yes  No If Yes, please describe: \_\_\_\_\_

Payment Information: 1 Child: \$50 2 Children: \$80 3+Children: \$100

Amount Paid: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Received by: \_\_\_\_\_

Cash  Check# \_\_\_\_\_

Credit Card

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Student #3 Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ 2018-19 Grade: \_\_\_\_\_

Received:  Baptism on \_\_\_\_\_  First Communion on \_\_\_\_\_  Has not received sacraments

**Medical Information**

Are there any chronic conditions or illness of which the Religious Education staff should be aware for this student (e.g., epilepsy, allergies, etc.)?  Yes  No If Yes, please describe: \_\_\_\_\_

Is your child on regular, daily medication?  Yes  No If Yes, please describe: \_\_\_\_\_

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Student #4 Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ 2018-19 Grade: \_\_\_\_\_

Received:  Baptism on \_\_\_\_\_  First Communion on \_\_\_\_\_  Has not received sacraments

**Medical Information**

Are there any chronic conditions or illness of which the Religious Education staff should be aware for this student (e.g., epilepsy, allergies, etc.)?  Yes  No If Yes, please describe: \_\_\_\_\_

Is your child on regular, daily medication?  Yes  No If Yes, please describe: \_\_\_\_\_

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Parents—Are you interested in participating in any of the following areas:

Liturgy Team (will be contacted by Liturgy leaders)

Usher \_\_\_\_ Lector \_\_\_\_ Greeter \_\_\_\_ Altar Server \_\_\_\_

Outreach/Service (will be contacted by specific outreach leaders)

Hand n Hand \_\_\_\_ Ministry Child Care \_\_\_\_ Family Ministry \_\_\_\_  
Service Projects \_\_\_\_ Fiesta \_\_\_\_ Other (specify): \_\_\_\_\_

I am also interested in planning and assisting in the following CE/ youth ministry programs/events:

Community

Playing Sports (which?) \_\_\_\_\_ Fun Nights \_\_\_\_ Scripture Nights \_\_\_\_

Other (specify): \_\_\_\_\_