

Last Name _____
 Check # _____ Amount _____
 Received by _____
 Date _____

**Our Lady of Victory National Shrine
 Religious Education**

Office of Religious Education
 2760 South Park Ave.
 Lackawanna, NY 14218
 828-9437

Registration for Sacramental Program 2016-2017-Eucharist

Please fill out both sides of this form.

Grade _____ Room No. or Teacher in school _____

Child's Full Name: _____
 Last First Middle

Address: _____
 Street City ZIP

Phone: _____

Date of Birth: _____ Age: _____

Sacrament	Received	Date	Church	Location
Baptism	Yes No			
Reconciliation	Yes No			

If your child was not baptized at OLV, a copy of your child's Baptismal certificate must be given to the Religious Education office with this form.

Please Note: There is a \$40.00 sacramental fee for the First Eucharist program. Please submit fee with the registration form.

Mother's Name: _____ Father's Name: _____

Mother's Maiden Name: _____

Religion: _____ Religion: _____

Parish: _____ Parish: _____

Child resides with: Mother _____ Father _____ Both _____

Other _____

Please fill in your address and home phone number *if* your address and phone number is different than the information given for your child.

Mother's Address: _____ Father's Address _____

_____ ZIP _____ ZIP _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Mailings from the Religious Education office should be addressed to:

Thank-you!!