

# OUR LADY OF LOURDES - ST. ADALBERT PARISH

2019-2020 STUDENT REGISTRATION  
 RELIGIOUS EDUCATION PROGRAM  
 2110 S 32ND Ave \* Omaha, NE 68105  
 402-346-0900

<b>OFFICE USE ONLY</b>	Reg Date _____	# of Children _____
	Fee Due _____	Cash _____
	Amt Pd _____	Check # _____
	Balance Due _____	

CONTACT PHONE NUMBER FOR SCHOOL CANCELLATION NOTICES:

\_\_\_\_\_

PLEASE: SELECT BELOW WHO THE STUDENT(S) LIVE WITH:

BOTH \_\_\_\_ PARENTS \_\_\_\_ MOTHER \_\_\_\_ FATHER \_\_\_\_ GUARDIAN \_\_\_\_

Family Last Name: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_ Email: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Person/Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

NAMES OF STUDENT(S)					2019/2020	Sacrament - YES or NO			
Last Name	First Name	Middle Initial	M/F	Date of Birth (MM/DD/YY)	School Grade	First Baptism	First Penance	Eucharist	Confirmation

Child with special needs, including food allergies? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE EXPLAIN IN DETAIL HERE:

REGISTRATION FEE: 1 child = \$75.00 \_\_\_\_\_ 2 Children = \$125.00 \_\_\_\_\_ 3 Children = \$190.00 \_\_\_\_\_ 4 Children or more = \$250.00 \_\_\_\_\_

SACRAMENT FEE (First Communion or Confirmation): To Be Announced

BAPTISMAL CERTIFICATES ARE NEEDED FOR EVERY STUDENT ENROLLED. PLEASE PROVIDED ONE IF YOU HAVEN'T DONE SO ALREADY.

Please notify the Parish Office at (402) 346-0900 of changes to phone numbers, emails and/or home addresses.

WHEN APPROPRIATE, PLEASE COMPLETE THE SECTIONS BELOW:

PLEASE GIVE YOUR CHILD'S NAME AND DETAIL HIS/HER EDUCATIONAL NEEDS AND ANY ACCOMMODATIONS:

PLEASE GIVE YOUR CHILD'S NAME AND LIST HIS/HER FOOD/MEDICATION ALLERGIES.