

**OUR LADY OF LOURDES – ST. ADALBERT PARISH**

**2110 S 32<sup>ND</sup> Ave. Omaha, NE 68105**

**402-346-0900 or 402-341-5604**

**Religious Education Program: Students Registration Form (2022-2023)**

**Registration Date:** \_\_\_\_\_ **# of Children** \_\_\_\_\_

**Family Last Name:** \_\_\_\_\_ **Contact Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Contact Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent 1 /Guardian Name:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Parent 2 Name:** \_\_\_\_\_ **Cell phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact Person/relationship** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**PLEASE Circle with whom the student (s) reside: Both parents/ Mother /Father/Guardian.**

**Registration Fee: 1 child = \$75.00 2 children = \$ 140.00 3 children = \$ 205.00 4 children or more = & 270.00**

**Sacrament donation (First Communion or Confirmation) = \$ \_\_\_\_\_ per student.**

**Office use Fee Due** \_\_\_\_\_

**ONLY Amt Pd** \_\_\_\_\_ **Cash / Check #** \_\_\_\_\_

**Balance Due** \_\_\_\_\_

**BAPTISMAL CERTIFICATES ARE NEEDED FOR EVERY STUDENT ENROLLED.  
PLEASE PROVIDE/ BRING ONE COPY, THANK YOU!**

| Name of student(s) |             |                       |                          | Sacrament- write YES or NO |                    |                          |                            |
|--------------------|-------------|-----------------------|--------------------------|----------------------------|--------------------|--------------------------|----------------------------|
| Last Name:         | First Name: | Middle Name/ Initial: | Date of Birth (MM/DD/YY) | School Name:               | Baptism<br>Yes/No: | First Penance<br>Yes/No: | First Eucharist<br>Yes/No: |
|                    |             |                       |                          |                            |                    |                          |                            |
|                    |             |                       |                          |                            |                    |                          |                            |
|                    |             |                       |                          |                            |                    |                          |                            |
|                    |             |                       |                          |                            |                    |                          |                            |

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

Any child with special needs, including food allergies? YES/ NO, if YES, please write child's name and details.

**PLEASE GIVE US YOUR CHILD'S NAME AND THE LIST OF HIS/HER FOOD/MEDICAL ALLERGIES.**

**PLEASE COMPLETE SECTION BELOW:**

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