



# OLOV CCD Registration 2023-2024

Family Name: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Father's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Parent's Cell Numbers: Mother \_\_\_\_\_  
Father \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Contact: Name \_\_\_\_\_  
Phone Number \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

Learning Disabilities: \_\_\_\_\_

Sacraments: Baptism \_\_\_\_\_ 1st Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

Learning Disabilities: \_\_\_\_\_

Sacraments: Baptism \_\_\_\_\_ 1st Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

Learning Disabilities: \_\_\_\_\_

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Allergies: \_\_\_\_\_

Learning Disabilities: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

Learning Disabilities: \_\_\_\_\_

Sacraments: Baptism \_\_\_\_\_ 1st Communion \_\_\_\_\_ Confirmation \_\_\_\_\_