

OLOV CCD Registration 2024-2025



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 _____