## OLOV CCD Registration 2024-2025

Family Name:			
Mother's Name:			
Mailing Address:			
Parent's Cell Numbers: Mot	:her		
Father			_
Email Address:			_
Emergency Contact: Name			-
Phone	Number		
Child's Name:		Birthdate:	Grade:
Allergies:			
Learning Disabilities:	1		
Sacraments: Baptism	1st Communion	Confirmation	
Child's Name:		Birthdate:	Grade:
Allergies:			
Learning Disabilities:			
Sacraments: Baptism	1st Communion	Confirmation	
Child's Name:		Birthdate:	Grade:
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Learning Disabilities:		3555311146	
Sacraments: Baptism	1st Communion	Confirmation	
Child's Name:		Birthdate:	Grade:
Allergies:			
Learning Disabilities:			
Sacraments: Baptism	1st Communion	Confirmation	
Child's Name:		Birthdate:	Grade:
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Learning Disabilities:			
Sacraments: Baptism	1st Communion	Confirmation	