

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

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

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