

**OUR LADY OF THE EUCHARIST PARISH**

School of Religious Education

Registration 2018-2019

**PLEASE PRINT** 535 North Main Street  
Pittston, PA 18640

Phone: 570-654-0263  
email: [olepittston@gmail.com](mailto:olepittston@gmail.com)

Registration Fee(s): \$25.00 for one child  
\$15.00 for second child

Attached  Cash  Check  
no more than \$50.00 per family

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**FAMILY INFORMATION** \_\_\_ is correct on printed form(s) \_\_\_ corrections have been made on form(s)

Mailing Name \_\_\_\_\_  
(Mr., Mrs, Mr. & Mrs., Ms., etc.) First Name Initial Last Name

Address \_\_\_\_\_  
Street City Zip

Home Phone \_\_\_\_\_

*Father's Information*

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, St., Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
e-mail \_\_\_\_\_  
Religion \_\_\_\_\_  
Occupation \_\_\_\_\_  
Business Phone \_\_\_\_\_

*Mother's Information*

First Name \_\_\_\_\_  
Maiden \_\_\_\_\_  
Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, St., Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
e-mail \_\_\_\_\_  
Religion \_\_\_\_\_  
Occupation \_\_\_\_\_  
Business Phone \_\_\_\_\_

*Student's Information*

First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Middle Name \_\_\_\_\_ City of Birth \_\_\_\_\_  
Last Name \_\_\_\_\_ Sex  male  female  
Address \_\_\_\_\_ Lives with  both parents  mother  father  
City, St., Zip \_\_\_\_\_  guardian  other \_\_\_\_\_  
Home Phone \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

*Sacramental Information*

**Baptism**

Church \_\_\_\_\_  
City/State \_\_\_\_\_  
Date \_\_\_\_\_

**First Eucharist**

Church \_\_\_\_\_  
City/State \_\_\_\_\_  
Date \_\_\_\_\_

**First Penance**

Church \_\_\_\_\_  
City/State \_\_\_\_\_  
Date \_\_\_\_\_

**Confirmation**

Church \_\_\_\_\_  
City/State \_\_\_\_\_  
Date \_\_\_\_\_

Additional Student Information

Who is responsible for student's full-time care?     both parents     mother     father     guardian  
 other    \_\_\_\_\_

In case of emergency, please contact:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

The student will be regularly dropped off by \_\_\_\_\_  
and picked up by \_\_\_\_\_

Does your child have any special learning needs, which should be communicated to the classroom teacher?  
(i.e. Hearing Loss, Reading Level, etc.)     yes     no

If yes, please explain:

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Is the student on any medication or are there any health needs that we should be aware of?

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Student Information for Second Child

First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, St., Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_  
City of Birth \_\_\_\_\_  
Sex  male  female  
Lives with  both parents  mother  father  
 guardian  other \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

Sacramental Information

**Baptism**

Church \_\_\_\_\_  
City/State \_\_\_\_\_  
Date \_\_\_\_\_

**First Eucharist**

Church \_\_\_\_\_  
City/State \_\_\_\_\_  
Date \_\_\_\_\_

**First Penance**

Church \_\_\_\_\_  
City/State \_\_\_\_\_  
Date \_\_\_\_\_

**Confirmation**

Church \_\_\_\_\_  
City/State \_\_\_\_\_  
Date \_\_\_\_\_

Additional Student Information

Who is responsible for student's full-time care?  both parents  mother  father  guardian  
 other \_\_\_\_\_

In case of emergency, please contact:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

The student will be regularly dropped off by \_\_\_\_\_  
and picked up by \_\_\_\_\_

Does your child have any special learning needs, which should be communicated to the classroom teacher?  
(i.e. Hearing Loss, Reading Level, etc.)  yes  no

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the student on any medication or are there any health needs that we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
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