

Date: \_\_\_\_\_ 201\_\_ Parish Envelope No. \_\_\_\_\_ RCIC \_\_\_\_\_

The presumption is that **Our Lady of the Ridge Experience Religion Program** is for **"Baptized Catholics"** whose parents are **REGISTERED PARISHIONERS WHO EMBRACE STREWARDHIP WAY OF LIFE**. \*Exceptions need to be address to the facilitator.

Family Name \_\_\_\_\_ Language Spoken & Understood: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
(Street) (City) (Zip Code) (Area Code) Number

Members of the Household:

Father \_\_\_\_\_ Religion \_\_\_\_\_  
(First) (Last)

Martial Status \_\_\_\_\_ Work Phone No. \_\_\_\_\_  
(Area Code) Number

Mother: \_\_\_\_\_ Religion \_\_\_\_\_  
(First) (Last) (Maiden)

Martial Status \_\_\_\_\_ Work Phone No. \_\_\_\_\_  
(Area Code) Number

**In case of an EMERGENCY, who is to be notified other than a parent:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone No \_\_\_\_\_  
(First) (Last) to the Child (Area Code) Number

**Children's Information: (Oldest to youngest)**

Child Lives With:

1) Name: \_\_\_\_\_  
First Last Middle Initial \_\_\_\_\_ Both \_\_\_\_\_ Father \_\_\_\_\_ Mother ( ) Other \_\_\_\_\_  
Copy of certified /separation agreement \_\_\_ Yes \_\_\_ No  
Copy of Guardianship agreement \_\_\_ Yes \_\_\_ No

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Copy of Certificate Provided \_\_\_ Yes \_\_\_ No

Grade Level Entering \_\_\_\_\_ School Attending \_\_\_\_\_

Physical Disability \_\_\_ Yes \_\_\_ No Explain \_\_\_\_\_

Learning Disability \_\_\_ Yes \_\_\_ No Explain \_\_\_\_\_

Does Child have and IEP/504 Form? \_\_\_ Yes No \_\_\_ Copy of First Page provided \_\_\_ Yes \_\_\_ No

Date of Baptism \_\_\_\_\_ Church of Baptism \_\_\_\_\_

City and State of Baptism \_\_\_\_\_ Copy of Certificate Provided \_\_\_ Yes \_\_\_ No

Other Sacraments Received: ( Please give church, city and state)

Eucharist \_\_\_ Yes \_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation \_\_\_ Yes \_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Reconciliation \_\_\_ Yes \_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Was your child enrolled in a Religious Education program last year? \_\_\_ Yes \_\_\_ No If yes, what parish? \_\_\_\_\_  
Supply a copy of transfer information from that program \_\_\_ Yes \_\_\_ No

2) Name: \_\_\_\_\_  
First Last Middle Initial  
Child Lives With: \_\_\_\_\_ Both \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_  
Copy of certified /separation agreement \_\_\_\_\_ Yes \_\_\_\_\_ No  
Copy of guardian agreement \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Copy of Certificate Provided \_\_\_\_\_ Yes \_\_\_\_\_ No

Grade Level Entering \_\_\_\_\_ School Attending \_\_\_\_\_

Physical Disability \_\_\_\_\_ Yes \_\_\_\_\_ No Explain \_\_\_\_\_

Learning Disability \_\_\_\_\_ Yes \_\_\_\_\_ No Explain \_\_\_\_\_

Does Child have and IEP/504 Form? \_\_\_\_\_ Yes \_\_\_\_\_ No Copy of First Page provided \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Baptism \_\_\_\_\_ Church of Baptism \_\_\_\_\_

City and State of Baptism \_\_\_\_\_ Copy of Certificate Provided \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Sacraments Received: ( Please give church, city and state)

Eucharist \_\_\_\_\_ Yes \_\_\_\_\_ No Date: \_\_\_\_\_

Confirmation \_\_\_\_\_ Yes \_\_\_\_\_ No Date: \_\_\_\_\_

Reconciliation \_\_\_\_\_ Yes \_\_\_\_\_ No Date: \_\_\_\_\_

Was your child enrolled in a Religious Education program last year? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what parish? \_\_\_\_\_

Supply a copy of transfer information from that program \_\_\_\_\_ Yes \_\_\_\_\_ No

3 Name: \_\_\_\_\_  
First Last Middle Initial  
Child Lives With: \_\_\_\_\_ Both \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_  
Copy of certified /separation agreement \_\_\_\_\_ Yes \_\_\_\_\_ No  
Copy of guardianship \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Copy of Certificate Provided \_\_\_\_\_ Yes \_\_\_\_\_ No

Grade Level Entering \_\_\_\_\_ School Attending \_\_\_\_\_

Physical Disability \_\_\_\_\_ Yes \_\_\_\_\_ No Explain \_\_\_\_\_

Learning Disability \_\_\_\_\_ Yes \_\_\_\_\_ No Explain \_\_\_\_\_

Does Child have and IEP/504 Form? \_\_\_\_\_ Yes \_\_\_\_\_ No Copy of First Page provided \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Baptism \_\_\_\_\_ Church of Baptism \_\_\_\_\_

City and State of Baptism \_\_\_\_\_ Copy of Certificate Provided \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Sacraments Received: ( Please give church, city and state)

Eucharist \_\_\_\_\_ Yes \_\_\_\_\_ No Date: \_\_\_\_\_

Confirmation \_\_\_\_\_ Yes \_\_\_\_\_ No Date: \_\_\_\_\_

Reconciliation \_\_\_\_\_ Yes \_\_\_\_\_ No Date: \_\_\_\_\_

Was your child enrolled in a Religious Education program last year? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes what parish? \_\_\_\_\_

Supply a copy of transfer information from that program \_\_\_\_\_ Yes \_\_\_\_\_ No