

2009-2010
Our Lady of Guadalupe Parish Religious Education Program
P.O. Box 406, Buckingham, PA 18912-0406
Tel: 215-794-4105 Fax: 215-794-5004

Re- Registration Form

Family Information

Family Last Name: _____ E-mail (required): _____

Father's Name: _____ Mother's Name _____ (Maiden) _____

Address: _____
Number & Street City State Zip

Phone #: _____

Cell Phone #: _____

Parental Status: _____

Emergency Contact/Consent

Emergency Contact: Name _____ Phone: _____
Relationship to Child(ren) _____

Parental Consent for Medical Care: In case of an emergency, **I give permission for my child to receive emergency medical treatment and, if necessary, be transported to the nearest medical facility.**

Signed (Parent/Legal Guardian): _____ Date: _____

Returning Student Registration Information

Please Choose: Tuesday Session _____ Thursday Session _____

1. Name (Oldest Child) _____

School (09-10) _____ Grade _____

2. Name (Second Child) _____

School (09-10) _____ Grade _____

3. Name (Third Child) _____

School (09-10) _____ Grade _____

For Office Use Only:

Please note any changes or additions to health or learning issues for the above children. _____

Home School Registration Information

Registration for Home School is separate and may be submitted only after meeting with the Coordinator of Religious Education regarding the reason home school is requested. Registration for Home School is limited and closes on Tuesday, June 30. Please contact the Religious Education Office for registration and tuition information.

