علائع العذراء

Our Lady of Lebanon Parish





Class Times:

 Primary (child is 5 years old by De Grade 5 - Grade 12: Saturdays 	•		oundays 10.00a	III - 11.13a	111
Child's Full Name	Date of Birth (dd/mm/yy)	Grade	Health Card # (Please indicate any medical conditions on reverse)		Check (√) if in 1st Communion (Grade 3)
1.	/ /				
2.	/ /				
3.	/ /				
4.	/ /				
Please indicate name of child(ren) that a	ALTAR SERVER (6 essons will take place are interested in servi turday Evening or	on Saturda	rys during class tin		ypically attend:
1. 2.	3	3.		4.	
1					
	PARENTS CONTACT	INFORMAT	ΓΙΟΝ		
Father's Name:	Mot	Mother's Name:			
Home Phone #:	Hor	Home Phone #:			
Cell #:	Cell	Cell #:			
Email:	Ema	Email:			
Address: Address (if different):					
Person who filled this form: Name		Signature Date			
Please submit the fee with this form: \$95 NB: the registration fee is not tax deduct	-	0 for the 2'	nd child and \$40 fc	or each addi	tional child.
	children	3 (children	4	children
\$95	\$155		\$195		\$235
	RESERVED FOR (COMMITTEE	MEMBER		
#of students registered :	Amount Paid: Cheque [] Cash []				

Name: ______ Signature: ______ Date: _____