



*Church of Our Lady of the Rosary
Religious Education Program
463 Benefit Street
Providence, Rhode Island 02903
(401) 273-1685*

STUDENT REGISTRATION

FATHER'S NAME _____ CELL PHONE # _____

MOTHER'S NAME _____ MAIDEN _____ CELL PHONE # _____

ADDRESS _____ / _____ / _____ / _____
Street City State Zip Code

HOME PHONE # _____ BUDGET ENVELOPE# _____

FAMILY EMAIL ADDRESS _____

EMERGENCY CONTACT _____ CELL PHONE # _____

CHILDREN

Student's Name	Birthday	Place of Birth	Date of Baptism	Church	City / State	Date of First Communion	Church	City / State	School Grade	CCD Grade

Allergies/Medical Concerns:

Behavioral/Learning Concerns:

Consent for Photographs & Video: I DO _____ DO NOT _____ authorize Our Lady of the Rosary Parish to publish the photos/videos taken of me and/or the undersigned minor children, and our names for use in Our Lady of the Rosary Parish's printed publications, website and social media pages.

PLEASE NOTE:

Because no registration fee is required, we ask all families to faithfully contribute to the Parish Budget.

PARENT SIGNATURE: _____ **DATE:** _____