



*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. [OB]

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_