

Our Lady of Sorrows Church
2013-2014 CCD Registration Form

first middle last Baptism name

Student name _____

Grade entering _____

Student's age _____

Mother: _____ Maiden _____ Father _____

Address _____

E-mail Address _____

Home phone _____ Cell Phone _____

Baptism Location: _____

Date of Baptism: _____

Godparents: _____

Date of Birth: _____ Location of birth: _____

Confirmation students please list your Saint's name and your sponsor's names. (sponsor's can not be parents)

_____ and _____

Fee is \$25 per child \$75 per family if more than 3 children

Please mail fee to: Joyce Leach
PO BOX 428
Ivoryton, CT 06442

PLEASE MAKE CHECKS PAYABLE TO: OLOS