



OUR LADY OF THE LAKE
ROMAN CATHOLIC COMMUNITY
SPARTA, NEW JERSEY
NINTH GRADE
CONFIRMATION 1ST Year REGISTRATION FORM

DATE: _____

CANDIDATE INFORMATION *(please print legibly)*

LAST NAME: _____ FIRST NAME: _____

GRADE: _____ HIGH SCHOOL: _____ TOWN: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

CHURCH AND DATE OF BATISM/ADDRESS _____

MOTHERS MAIDEN NAME _____

PARENT/GUARDIAN INFORMATION *(please print legibly)* _____

E-Mail Address _____

LAST NAME: _____ HOME PHONE: _____

ADDRESS: _____ MOTHER: _____ WORK PHONE: _____

TOWN & ZIP: _____ FATHER: _____ WORK PHONE: _____

****Please fill out important information on the reverse side****

IT IS ESSENTIAL THAT WE BE MADE AWARE OF ANY EDUCATIONAL OR PHYSICAL SPECIAL NEEDS YOUR CHILD MAY HAVE. PLEASE INDICATE THIS INFORMATION BELOW.

ALLERGIES TO DRUGS OR FOOD:

OTHER SPECIAL MEDICATION OR PERTINENT MEDICAL INFORMATION:

MEDICAL RELEASE FORM

IN CASE OF EMERGENCY, CONTACT: _____ PHONE: _____

DOCTOR'S NAME: _____ TOWN: _____

PHONE: _____

HEALTH INSURANCE COMPANY: _____

POLICY #: _____ ID#: _____

In the event of an emergency, where medical treatment is required, I give permission to Our Lady of the Lake Church in Sparta, NJ, its staff & volunteers, to obtain the services of a licensed physician. Our Lady of the Lake Church will immediately attempt to contact the parent/guardian or emergency.

Signature of Parent/Guardian: _____ Date: _____

****Please fill out important information on the reverse side****