



Mother of Sorrows Parish
2012-2013 Religious Education
6034 S. Locust St. Peninsula, Ohio 44264
330-657-2631 Fax 330-657-2423
mospenoh@windstream.net
www.motherofsorrowspeninsula.org

Date _____

Family Name _____ Address _____

City _____ State _____ Zip _____

Home Phone(s) _____ Cell Phone(s) _____

Work Phone(s) _____ Email _____

Secondary Address for additional mailing _____

Father's Full Name _____

Mother's Full Name _____ Maiden Name _____

Parish registered at: _____

Additional Information _____

Please list all children through college:

1. First Name _____ Middle _____ Birthdate _____ Age _____

School attending _____ Grade _____

Sacraments received:

Baptism: Church _____ City _____ State _____

Eucharist: Church _____ City _____ State _____

Confirmation: Church _____ City _____ State _____

2. First Name _____ Middle _____ Birthdate _____ Age _____

School attending _____ Grade _____

Sacraments received:

Baptism: Church _____ City _____ State _____

Eucharist: Church _____ City _____ State _____

Confirmation: Church _____ City _____ State _____

Registration form continues on reverse

3 First Name _____ Middle _____ Birthdate _____ Age _____
School attending _____ Grade _____

Sacraments received:

Baptism: Church _____ City _____ State _____

Eucharist: Church _____ City _____ State _____

Confirmation: Church _____ City _____ State _____

4. First Name _____ Middle _____ Birthdate _____ Age _____
School attending _____ Grade _____

Sacraments received:

Baptism: Church _____ City _____ State _____

Eucharist: Church _____ City _____ State _____

Confirmation: Church _____ City _____ State _____

5. First Name _____ Middle _____ Birthdate _____ Age _____
School attending _____ Grade _____

Sacraments received:

Baptism: Church _____ City _____ State _____

Eucharist: Church _____ City _____ State _____

Confirmation: Church _____ City _____ State _____

*** _____ Initial additional forms used

Please indicate below any of your child's challenges that we need to be aware of; medical or otherwise. This information will be shared only as necessary for the well being of your child.

Unless baptized at MOS Parish, please enclose a copy of your child's baptismal certificate.

Please indicate your interest in:

Catechist _____ PSR volunteer _____ Religious Education _____ Scripture Studies _____ RCIA _____

Registration: \$100 per family (To request Scholarship—please initial) _____

Administration only:

Amount Paid \$ _____ Check # _____ Cash _____ Date _____

Balance Due \$ _____ Received by _____