



Mother of Sorrows Parish Student Census

2016-2017 Religious Education

6034 South Locust Street

Peninsula, Ohio 44264

330-657-2631 Fax 330-657-2423

mospenoh@windstream.net www.motherofsorrowspeninsula.org

Please fill in *ALL* requested information

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 attending school, homeschool, college, etc.:

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 Mother of Sorrows 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 _____