



# Our Lady of Guadalupe Parish

1718 San Jorge Ave., Laredo, Texas 78040, (956) 723-6954

## 2020-2021 RELIGIOUS EDUCATION (CCD) REGISTRATION FORM

**FATHER/GUARDIAN 1:** \_\_\_\_\_  
(First name Middle Name Last Name Suffix)

Address: \_\_\_\_\_ Religion: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

**MOTHER/GUARDIAN 2:** \_\_\_\_\_  
(First name Middle Name Last Name Suffix)

Maiden Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

**EMERGENCY CONTACT (other than parents):** \_\_\_\_\_  
Relationship to student: \_\_\_\_\_ Phone: \_\_\_\_\_

**Child 1:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_  
(First name Middle name Last name Suffix)

Student Address: \_\_\_\_\_ Grade as of Sept. 1, 2020: \_\_\_\_\_  
Birthday: \_\_\_\_\_  
Gender:  Male  Female  
Please list any concerns or special accommodations needed (such as allergies): \_\_\_\_\_

| Child 1                |       |                        |
|------------------------|-------|------------------------|
| <b>Baptism</b>         | Date: | Church Name & Address: |
| <b>First Communion</b> | Date: | Church Name & Address: |

**Child 2:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_  
(First name Middle name Last name Suffix)

Student Address: \_\_\_\_\_ Grade as of Sept. 2019: \_\_\_\_\_  
Birthday: \_\_\_\_\_  
Gender:  Male  Female  
Please list any concerns or special accommodations needed (such as allergies): \_\_\_\_\_

| Child 2                |       |                        |
|------------------------|-------|------------------------|
| <b>Baptism</b>         | Date: | Church Name & Address: |
| <b>First Communion</b> | Date: | Church Name & Address: |

## English

\*If your child is over 7 years old and has not received the sacrament of Baptism, they will need to be baptized this year. Please arrange for parents and sponsors to attend the Baptismal Class on October 10<sup>th</sup> at 3:00 pm (in Spanish) or October 11<sup>th</sup> at 1:00pm (in English). Baptism date announced later.

### REMIND

Our program uses REMIND to communicate with our families. You may enroll using a text message or an email and this is where you will receive the messages that we send you. Please list below the name and cellphone or email that you prefer we use:

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Name

email/cell phone

To register, please email the completed registration form, the online consent form, copy of birth certificate and copy of certificate for any sacrament previously received to [creconfirmation@ourladyofguadalupelaredo.org](mailto:creconfirmation@ourladyofguadalupelaredo.org). If you have any questions or need more information, please contact Amanda Cantu at (956)324-4248.

By signing this document you agree that you have read our programs guidelines and agree to abide by them.

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(Signature)

(Date)

## ESPAÑOL

\*Si su hijo tiene más de 7 años y no ha recibido el sacramento del bautismo, tendrán que bautizarse este año. Por favor, haga los arreglos para que los padres y padrinos asistan a la clase bautismal el 10 de octubre a las 3:00 pm (en español) o el 11 de octubre a la 1:00 pm (en inglés). La fecha del bautismo será anunciada después.

### REMIND

Nuestro programa utiliza REMIND para comunicarse con nuestras familias. Puede inscribirse utilizando un mensaje de texto o un correo electrónico y aquí es donde recibirá los mensajes que le enviamos. Por favor, enumere a continuación el nombre y el teléfono celular o correo electrónico que prefiere que usemos:

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Nombre

Correo electrónico/teléfono celular

Para registrarse, envíe por correo electrónico el formulario de registro completado, el formulario de consentimiento en línea, copia del certificado de nacimiento y copia del certificado de cualquier sacramento recibido previamente a [creconfirmation@ourladyofguadalupelaredo.org](mailto:creconfirmation@ourladyofguadalupelaredo.org). Si tiene alguna pregunta o necesita más información, comuníquese con Amanda Cantu al (956)324-4248.

Al firmar este documento usted acepta que ha leído las pautas de nuestros programas y acepta cumplirlas.

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(Firma)

(Fecha)