

**Our Lady of Albanians**

**29350 Lahser Rd, Southfield, MI 48034**

**Office #: (248) 353-3410**

**Registration Year: \_\_\_\_\_**

**Pastor: Dom Ndue Gjergji (248-703-5080)**

**Parish Website: ourladyofalbanians.com**

**Student Information**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

School of attendance: \_\_\_\_\_

**Sacraments received**

Place

Month/Year

Baptism: \_\_\_\_\_

First Communion: \_\_\_\_\_

First Penance: \_\_\_\_\_

**Parent Information**

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

**Emergency contact information:**

Name

Phone

_____	_____
_____	_____

Does your child have any health issues that we need to be aware of? If so, please clarify:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_