

**OUR LADY OF ANGELS FAITH FORMATION PROGRAM  
2017/2018 REGISTRATION FORM**

PLEASE COMPLETE ALL THE INFORMATION BELOW AND ON THE BACK.

(Former Students Only: Please fill in the following information only: Name of Child, Family information if different from previous year, Tuition, and Sign & Date the back of the form.)

**CHILD'S INFORMATION**

NAME: \_\_\_\_\_  
 ADDRESS (INCLUDE APT. NO.): \_\_\_\_\_  
 CITY/STATE/ZIP CODE \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_  
 PUBLIC SCHOOL ATTENDING IN SEPT 2017: \_\_\_\_\_  
 PUBLIC SCHOOL GRADE IN SEPT 2017: \_\_\_\_\_

**RELIGIOUS EDUCATION HISTORY**

	YEAR	PARISH		
GRADE 1	_____	_____	<input type="checkbox"/> Parochial	<input type="checkbox"/> CCD
GRADE 2	_____	_____	<input type="checkbox"/> Parochial	<input type="checkbox"/> CCD
GRADE 3	_____	_____	<input type="checkbox"/> Parochial	<input type="checkbox"/> CCD
GRADE 4	_____	_____	<input type="checkbox"/> Parochial	<input type="checkbox"/> CCD
GRADE 5	_____	_____	<input type="checkbox"/> Parochial	<input type="checkbox"/> CCD
GRADE 6	_____	_____	<input type="checkbox"/> Parochial	<input type="checkbox"/> CCD
GRADE 7	_____	_____	<input type="checkbox"/> Parochial	<input type="checkbox"/> CCD
OTHER	_____	_____		

**SACRAMENT INFORMATION**

	REC'D	DATE	CHURCH	
BAPTISM*:	_____	_____	_____	<input type="checkbox"/> <i>Please prepare my child for Baptism.</i>
FIRST COMMUNION**:	_____	_____	_____	
RECONCILIATION**:	_____	_____	_____	
CONFIRMATION**:	_____	_____	_____	

*\*(Please attach copy of baptism certificate. \*\*If applicable, please attach a copy of First Communion certificate).*

**FAMILY INFORMATION**

	FATHER:	MOTHER: (include maiden name)	STEP-PARENT OR GUARDIAN
NAME:	_____	_____	_____
RELIGION:	_____	_____	_____
LIVING/DECEASED:	_____	_____	_____
LIVES WITH CHILD?:	Yes___ No___	Yes___ No___	Yes___ No___
DAY PHONE:	_____	_____	_____
EVENING PHONE:	_____	_____	_____
CELL PHONE:	_____	_____	_____
EMAIL:	_____	_____	_____
EMERGENCY CONTACT: Name	_____		Phone No. _____
RELATIONSHIP	_____		

**ADDITIONAL INFORMATION**

Is there any information you would like to share so that we can better help your child during our class meetings (e.g., reading problems, attention problems, new to neighborhood, new school, weekend visitations, medications, allergies, etc.)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TUITION**

**WE ARE REGISTERED PARISHIONERS OF OUR LADY OF ANGELS, ENV. # \_\_\_\_\_.**  
**WE ARE NOT REGISTERED PARISHIONERS OF OUR LADY OF ANGELS.**  
**WE ARE PARISHIONERS OF \_\_\_\_\_.**  
**(NON REGISTERED PARISHIONERS MUST PAY "NON-AFFILIATED PARISH" FEE.)**

Please check as appropriate

**Early Registration Incentive: until June 30, 2017: Save \$10.00 per child.**  
(Full payment must be made at time of registration)

**\*OUR LADY OF ANGELS PARISH STUDENT**

\_\_\_ Attached is my payment       \$75 per child;    \$110 First Communion students

**AFTER JULY 31st, 2017:**                       \$100 per child;    \$125 First Communion students

**\*\*NON-AFFILIATED PARISH STUDENT**

\_\_\_ Attached is my payment       \$100 per child;    \$125 First Communion students

**AFTER JULY 31ST, 2017:**                       \$125 per child;    \$150 First Communion students

*(Please make checks payable to Our Lady of Angels Religious Education.)*

**SIGNATURE OF PARENT/GUARDIAN**

**Please register my child for the 2017/2018 school year at Our Lady of Angels Church.**

**Sunday classes**  
**9:00am – 10:20am (grades 1-8)**  
**including attendance at the 10:30 A.M. Mass.**  
**Classes begin Sept. 17, 2017**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this form to:  
**Our Lady of Angels Church**  
**Office of Faith Formation**  
**7320 Fourth Avenue**  
**Brooklyn, NY 11209**  
**www.olafaith49@gmail.com**

If you have any questions, please call us at: (718) 748-6553