

**OUR LADY OF ANGELS FAITH FORMATION PROGRAM
2018/2019 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 2018: _____
 PUBLIC SCHOOL GRADE IN SEPT 2018: _____

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 _____.

Please check as appropriate

Early Registration Incentive: until June 30, 2018: 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, 2018: \$100 per child; \$125 First Communion students

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

SIGNATURE OF PARENT/GUARDIAN

Please register my child for the 2018/2019 school year at Our Lady of Angels Church.

**Sunday classes
10:15AM – 11:30AM (grades 1-8)
including attendance at the 9:00 A.M. Mass.
Classes begin Sept. 16, 2018**

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