

Our Lady of The Angelus Church

Registration Form for Religious Education 2020-2021

98-05 63rd Drive, Rego Park, NY 11374
Tel: 718-896-4388 Email: ourladyoftheangelusreled@gmail.com

STUDENT'S INFORMATION (Office Only) Which Class is the Student Registering for? _____

Last Name: _____ First Name: _____ Middle Name _____

Date of Birth: _____ Place: _____ Present Age: _____ Gender: Male _____ Female _____

First Time in Rel. Ed. in our Parish: Yes _____ No _____ If No, previous Religious Ed.?: _____

Name of the Parish family belongs to: _____

Student's Street Address _____ Apt. _____ City: _____ Zip Code: _____

School and Grade in September 2020: _____

Does the Student have any Special Needs, Disabilities or Health Issues? _____

Medication(s) presently being used by Student: _____

Who has Legal Custody of this Student? _____

SACRAMENTS

1. BAPTISM Name of Church: _____ Date _____

2. FIRST CONFESSION Name of Church: _____ Date: _____

3. FIRST COMMUNION Name of Church: _____ Date: _____

4. CONFIRMATION Name of Church: _____ Date: _____

***All Sacramental Certificates are required by the Religious Education**

Father's Last Name: _____ First Name: _____ Father's Religion _____

Father's Cell #: _____ E-mail address: _____

Mother's Last Name: _____ Maiden Name: _____ Mother's First Name _____

Mother's Religion: _____ Mother's Cell #: _____

Mother's E-mail address: _____

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact: _____ Relationship to Student: _____

Address of Emergency Contact: _____ Emergency Contact Cell # _____

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DISMISSAL AUTHORIZATION

_____ When class is in session on **Saturday**, I will pick my child up at OLA School at 11:30 a.m.

_____ When class is in session on **Sunday**, I will pick my child up at OLA School 11:30 a.m.

_____ My child has my permission to walk home alone.

For safety and security when school is in session, please designate below other responsible parties who have your authorization to pick up your child after class on Saturday or after Mass on Sunday **if you are unable to:**

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

Please let us know if there are any custodial issues or anyone who is not allowed to pick up the child from our care or receive information about the child: _____

Parent/Guardian Signature: _____ Date: _____

Child Lures Prevention Program Permission

In an attempt to better protect our children, in Jan. 2014, the Child Lures Prevention Program was mandated by Bishop Di Marzio to be presented to children who attend a Religious Education Program in the Dioceses of Brooklyn. It is part of the curriculum for all students in Grades K-8. Child Lures Prevention is a program used to empower children to keep themselves safe from all predators who might harm them.

_____ **Check here only if you DO NOT** want your child to participate in the Child Lures Prevention Program.

Parent Signature _____ Date _____

What Class Day do you want? Saturday 9:00 a.m.-11:30 a.m.: _____ **Sunday 9:00 a.m.-11:30 a.m.:** _____

*Mass is part of the curriculum of the Religious Education Program.

Names of Siblings in CCD Program? _____

Signature of Parent: _____ **Registration Date:** _____

*Fee for all the students enrolled in the Sacrament Program: for one student is \$100, two siblings is \$140 and three siblings is \$180.

*Addition fee for First Holy Communion is \$50. Only for students in the second year of First Holy Communion.

*Addition fee for Confirmation is \$70. Only for students in the second year of Confirmation.

*Please make checks payable to Our Lady of The Angelus Religious Education.

For Office Use only:

Tuition received: \$ _____ Via: Cash _____ Check # _____ Date Received: _____

Receipt given: Yes _____ No _____ Receipt# _____

Remarks: _____