

**OUR LADY OF ANGELS FAITH FORMATION PROGRAM
2011/2012 REGISTRATION FORM**

PLEASE COMPLETE ALL THE INFORMATION BELOW AND ON THE BACK.

****PLEASE CIRCLE ONE: WEDNESDAY CLASSES OR SUNDAY CLASSES****

CHILD'S INFORMATION

NAME: _____
 ADDRESS (INCLUDE APT. NO.): _____
 CITY/STATE/ZIP CODE _____
 DATE OF BIRTH: _____
 PUBLIC SCHOOL ATTENDING IN SEPT 2011: _____
 PUBLIC SCHOOL GRADE IN SEPT 2011: _____
 RELIGIOUS ED GRADE REQUESTED FOR 2011/2012: _____

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 _____. *If you are not registered at any parish, may we register you as a parishioner of Our Lady of Angels Church?* _____

Please check as appropriate

***OUR LADY OF ANGELS PARISH STUDENT**

___ Attached is my payment \$75 per child; \$120 Communion students
 \$140 Confirmation students

***Family supports our parish by use of Sunday envelopes. Must indicate envelope # _____**
Those wishing to register in the parish, must pay 'Out of Parish' fee for the present year.

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

****OUT OF PARISH STUDENT**

___ Attached is my payment \$100.00 per child; \$145 Communion students
 \$165 Confirmation students

****Family does not support our parish by use of Sunday envelopes.**

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

SIGNATURE OF PARENT/GUARDIAN

Please register my child for the 2011/2012 school year at Our Lady of Angels Church.

Select one:

Wednesday classes _____ **Sunday classes** _____
*** 3:45pm – 5:00pm (grades 1-5) *** 9:10am – 10:20am (all grades)
*** 4:00pm – 5:15pm (grades 6 & 7)

Signed: _____ Date: _____

Please return this form to:

Our Lady of Angels Church
Office of Faith Formation
7320 Fourth Avenue
Brooklyn, NY 11209

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