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**OUR LADY OF THE ANGELS
Religious Education Registration Form
2015-2016**

FATHER'S FULL NAME _____ (Single__ Married__ Divorced__)

MOTHER'S FULL NAME _____ (Single__ Married__ Divorced__)

STUDENT'S FULL NAME	Date of Birth	Grade for 2015-2016	<u>Sacraments</u> Baptism	<u>Completed</u> Eucharist
NAME _____	_____	_____	_____	_____
NAME _____	_____	_____	_____	_____
NAME _____	_____	_____	_____	_____

EMAIL ADDRESS _____

HOME ADDRESS _____

Student(s) live with both parents? Mother _____ Father _____ Other _____

REGISTERED MEMBER OF OUR LADY OF THE ANGELS? Yes _____ No _____
Other _____

Did student(s) attend Our Lady of the Angels Religious Education last year?
Yes _____ No _____ Other _____

PLEASE COMPLETE IN CASE OF EMERGENCY ...

Where can parent be reached during class time?

Mother's home and cell phone # _____

Father's home and cell phone # _____

EMERGENCY CONTACT

In the event that we cannot reach a parent, we will contact the following person:

Name _____ Phone _____

MEDICAL INFORMATION WE SHOULD KNOW ABOUT _____

ALL INFORMATION WILL BE KEPT CONFIDENTIAL IN THE RELIGIOUS ED OFFICE