

Resurrection Ascension-Our Lady of the Angelus Parish

Registration Form for Religious Education 2023-2024

(Office Only) Which Class is the Student Registering for? _____

Student's Information

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 yes, previous Religious Ed.?: _____

Name of the parish family belongs to: _____

Student's street address _____ Apt. ____ City: _____ Zip Code: _____

School and grade in September 2023: _____

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 & Place of Church: _____ Date: _____

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

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

4. CONFIRMATION Name & Place Church: _____ Date: _____

BAPTISMAL CERTIFICATE IS REQUIRED AT LEAST 3 MONTHS BEFORE ANOTHER SACRAMENT IS RECEIVED.

First Holy Communion sacramental certificate is required for Confirmation registration.

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

Father's Cell #: _____ Email address: _____

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

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

Mother's Email address: _____

Emergency Contact Information

Name of Emergency Contact: _____ Relationship to Student: _____

Address of Emergency Contact: _____ Emergency Contact Cell # _____

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☐ **OLA: on Saturdays, 8:45- 11:00 am**

☐ **RA: on Sundays, 9:30-12:00 noon**

Dismissal Authorization

_____ When class is in session on **Saturdays**, I will pick up my child at **OLA Pastoral Center at 11:00 am.**
_____ When class is in session on **Sundays**, I will pick up my child at **RA church at 12:00 noon.**
_____ 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 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 our diocese 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/Guardian Signature: _____ Date _____

*Fees for Religious Education Program: \$100 for one student, \$140 for 2 siblings and \$180 for 3 or more siblings.

*Additional fees: \$50 for 2nd year First Communion and \$70 for 2nd year Confirmation apply.

***Please make checks payable to Resurrection Ascension-Our Lady of the Angelus Church.**

Names of siblings in Rel Ed Program? _____

Parent/Guardian Signature: _____ Registration Date: _____

For Office Use only:

Baptismal Certificate received (date): _____ Other sacramental certificates received: _____

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

Receipt given: Yes _____ No _____ Receipt# _____ Received by: _____

Remarks: _____