

## Our Lady of Victories – Religious Education Program Registration Form – 2017-2018

Please complete the following information and return it as soon as possible. Re-registrations can be brought to your child's current class or to the Religious Education Office Monday-Thursday. **ANY REGISTRATIONS HANDED IN AFTER JUNE 30<sup>TH</sup> WILL REQUIRE A \$50.00 LATE FEE!** In the case of financial hardship, please call the Religious Education Office to set up an alternate payment plan.

Family Name: \_\_\_\_\_

Father's name: \_\_\_\_\_ Religion: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Religion: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please **highlight** or star(\*) your preferred means of communication.

Do you receive Parish envelopes? \_\_\_\_\_ Envelope Number: \_\_\_\_\_

### Children Registering for Religious Education:

<u>Student's Name</u> <small>* If last name is different, please indicate *</small>	<u>Gender</u>	<u>Grade (in Religious Ed.)</u>

**\*\* A COPY OF THE CHILD'S BAPTISMAL CERTIFICATE IS REQUIRED FOR ALL NEW REGISTRANTS.\*\***

<b>CLASS TIMES</b>		
<small>* Grades 1-6: please choose <b>one</b> *</small>		
Grades 1-6	Tuesday Afternoon	5:00-6:15pm
Grades 1-6	Wednesday Afternoon	5:00-6:15pm
Grades 7 & 8	Wednesday Evening	7:00-8:30pm

<b>REGISTRATION FEES</b>	
ACTIVE FAMILY	INACTIVE FAMILY
1 child = \$100.00	1 child = \$200.00
2 children = \$125.00	2 children = \$250.00
3+ children = \$150.00	3+ children = \$275.00

**Office Use Only** -- Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

**\*PLEASE BE SURE TO FILL OUT BOTH SIDES OF THIS FORM.\***

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**STUDENT INFORMATION**

**FIRST CHILD:**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Address of Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Needs? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_ Please explain: \_\_\_\_\_

**SECOND CHILD:**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Address of Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Needs? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_ Please explain: \_\_\_\_\_

**THIRD CHILD:**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Address of Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Needs? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_ Please explain: \_\_\_\_\_

**Emergency Contact – (Best person to reach during Religious Ed. hours) – Please list two.**

1) Name/Phone: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

2) Name/Phone: \_\_\_\_\_ Relation to Child: \_\_\_\_\_