

Our Lady of Victories – Religious Education Program Registration Form – 2019-2020

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 30TH 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.****

CLASS TIMES		
<small>* Grades 1-6: please choose one *</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

REGISTRATION FEES	
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: _____