**Tuition Due_____ Book Fee_____ Payment_____ Balance_____**

# OUR LADY OF THE ANGELS
## Religious Education
## Registration Form
## 2011-2012

**FATHER'S FULL NAME_____ (Single__ Married__ Divorced__ )**

**MOTHER'S FULL NAME_____ (Single__ Married__ Divorced__ )**

| CHILD'S FULL NAME | Birth Date | Grade for 2011-2012 | Sacraments Completed Baptism | Eucharist |
|---|---|---|---|---|
| NAME_____ | _____ | _____ | ___ | __ |
| NAME_____ | _____ | _____ | ___ | __ |
| NAME_____ | _____ | _____ | ___ | __ |
| NAME_____ | _____ | _____ | ___ | __ |
| NAME_____ | _____ | _____ | ___ | __ |

**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 parent can 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_____**

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