

OUR LADY OF MERCY

OFFICE OF RELIGIOUS EDUCATION
CATECHISM REGISTRATION

Academic Year: _____

Please complete all fields, sign and date. Email to olmercyreligion@gmail.com OR mail c/o Ana Tavares, DRE along with the fee to 70-01 Kessel Street, Forest Hills, NY 11375. Call (718) 268-6143 Ext. 28 for more information.

STUDENT'S INFORMATION (Please check the appropriate boxes.)

NEW RETURNING

Student: _____
(Last Name) (First Name) (Middle Name)

Gender: Female Male **Date of Birth:** ____/____/____
(Month) (Day) (Year)

Address: _____
(Number) (Street) (Apt.) (City) (State) (Zip)

Telephone: (Home) _____ (Cell) _____

School & Grade in September: _____
(School) (Grade)

First Time in our Parish's Rel. Ed.: Yes No Previous Rel. Ed. Parish?: _____

Parish Affiliation: _____ **Registered there?** Yes No

Health Concerns: Yes No Specify: _____ Medication: _____

Special Needs: Yes No Specify: _____ Medication: _____

Disabilities: Yes No Specify: _____ Medication: _____

Legal Custody: Mother & Father Mother Father Other Specify: _____

* A separate form must be completed for each child registered within the same household.

SACRAMENTS (Please complete as best as possible.)

Baptismal Certificate Received

BAPTISM
Church: _____ Date: _____

FIRST CONFESSION
Church: _____ Date: _____

FIRST COMMUNION
Church: _____ Date: _____

CONFIRMATION
Church: _____ Date: _____

**The Office of Religious Education requires copies of all sacrament certificates if they were received in another parish.

PHOTO CONSENT (Your child's photos may be used on the parish's website and social media pages). Yes No

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OFFICE OF RELIGIOUS EDUCATION CATECHISM REGISTRATION

PAYMENT (OFFICE USE ONLY):

Date Received: _____
 Fee Paid: _____ Discount Applied
Bank & Check # _____ or Cash
 Fee Waived (*Reason:* _____)

FAMILY INFORMATION

Father: _____
(Last Name) (First Name) (Middle Name)
Religion: _____ **Cell:** _____ **Email:** _____

Mother: _____
(Last Name) (First Name) (Middle Name) (Maiden Name)
Religion: _____ **Cell:** _____ **Email:** _____

EMERGENCY CONTACT (In case of an emergency, we will contact either parent first.)

Contact Name: _____ Relationship to Student: _____
Contact Address: _____ Cell: _____

DISMISSAL AUTHORIZATION (Check the appropriate box.)

When catechism is in session, I will pick up my child/children at OLMCA upon dismissal.
 When catechism is in session, my child/children has/have my permission to walk home alone.

For safety and security when catechism is in person, please designate other responsible parties who are authorized to pick up your child/children after class if you are unable to do the pickup yourself:

Name: _____ Relationship: _____ Cell: _____
Name: _____ Relationship: _____ Cell: _____

Please provide the name of anyone who is not allowed to pick up your child/children from our care or receive information about the child: _____

CHILD/TEEN LURES PREVENTION PROGRAM PERMISSION (Check the appropriate box.)

In an attempt to better protect our children, the Child Lures Prevention Program is presented to children who attend a Religious Education Program in the Diocese of Brooklyn and Queens. It is an age-appropriate curriculum for students in Grades K-8, presented by a diocesan-trained employee, that empowers our children to keep safe from predators.

Check here **ONLY** if you **DO NOT** want your child to participate in the Program.

FEES (Early registration discount of \$25.00 if registration is completed by the deadline date of July 31st)

REGISTRATION 1 Child = \$150 2 Children = \$225 3+ Children = \$275	First Communion Fee = \$75 (separate from registration)	Confirmation Fee = \$100 (separate from registration)
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➔ **Parent's Signature:** _____ **Date:** _____

TEXTBOOK (OFFICE USE ONLY)

Username: _____ **Password:** _____