

NEW STUDENT REGISTRATION FORM

Our Lady Queen of Martyrs Religious Education

Office: 110-06 Queens Blvd., Forest Hills NY 11375, P: 718-263-0907

Fax: 718-793-2584 Email: olqmreled@gmail.com

STUDENT	Date registered: ___ / ___ / ___		LEVEL:				
	Tuition received: \$		Registered by:				
	Check or money order #		Date received: ___ / ___ / ___				
	FEES: <i>(Number of children in the same family)</i> One child: \$130 Two children: \$180 Three children: \$200		ADDITIONAL FEES: _ If you are registering late, add \$25 (after 9/14/16) _ If your child will be registered in the 2nd level, add \$50 First Communion fee _ If your child will be registered in the 7th level, add \$90 Confirmation fee				
	LAST NAME						
	FIRST NAME						
OFFICIAL USE ONLY							
FAMILY NAMES	Head of Household	Last name:			Last name:		
		First name:			First name:		
		<input type="checkbox"/> Mr. & Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. (Please check ✓) <input type="checkbox"/> Other _____		Spouse/ Other		<input type="checkbox"/> Mr. & Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. (Please check ✓) <input type="checkbox"/> Other _____	
		Street address (line 1)					
		Street address (line 2)					
	City/State:			Zip Code:			
PARENT/GUARDIAN INFORMATION	Name:		Home phone:				
	Relationship:		Work phone:				
	Marital status:		Cell phone:				
	Religion:		Email address:				
	Name:		Home phone:				
	Relationship:		Work phone:				
	Marital status:		Cell phone:				
	Religion:		Email address:				
EMERGENCY CONTACT INFORMATION	Name:		Relationship to child:				
	Address:						
	City/State:		Zip Code:				
	Home phone:		<i>If unlisted, check here</i> <input type="checkbox"/>	Work phone:		Cell phone:	
	Name:		Relationship to child:				
	Address:						
	City/State:		Zip Code:				
	Home phone:		<i>If unlisted, check here</i> <input type="checkbox"/>	Work phone:		Cell phone:	

(Rel Ed 2015 OLQM)

**PLEASE COMPLETE OTHER SIDE
(OVER ►)**

NEW STUDENT REGISTRATION FORM FOR: *(write in name)* _____

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PERSONAL DATA	Public school name:			
	Full public school grade:	Birth date: ___/___/_____	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
	Language:	Disability:		
	Ethnicity:	Medication(s) being used:		
	Religion:			
List Name(s) of Any Siblings in Religious Formation:				
PREVIOUS INSTRUCTION	Did your child have any previous religious education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>(If YES, please provide information below.)</i>
	Name and address of parish where child received instruction:			
	Number of years child attended instruction:	Phone number of parish:		
SACRAMENTS	Birthplace:			
	Birth father's name:			
	Birth mother's name:			
	Mother's maiden name:			
	Instructions: Copy of a Baptismal certificate is required for all new students, and other documents, if available, as proof a Sacrament was received. Attach this documentation to this form and return to the Religious Education Office.			
	BAPTISM	Name of Church:		
	Date: ___/___/_____	Address:		
		City/State/Zip code:		
	<i>(OFFICE USE ONLY):</i> Baptismal certificate checked by: _____ Date: ___/___/_____			
	FIRST RECONCILIATION	Name of Church:		
Date: ___/___/_____	Address:			
	City/State/Zip code:			
FIRST COMMUNION	Name of Church:			
Date: ___/___/_____	Address:			
	City/State/Zip code:			
Signature: _____ Date signed: ___/___/_____ <p style="text-align: center;">PARENT or GUARDIAN</p>				