

NEW STUDENT REGISTRATION FORM

Our Lady Queen of Martyrs Religious Education

Office: 110-06 Queens Blvd., Forest Hills NY 11375, P: 718-263-0907 or 718-268-6251

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

STUDENT		OFFICIAL USE ONLY	Date registered: ___ / ___ / ___		LEVEL:	
LAST NAME			Tuition received: \$		Registered by:	
FIRST NAME			Check or money order #		Date received: ___ / ___ / ___	
			2018-19 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 after 9/12/18 add \$25 late fee _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	
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"/> Mr. & Mrs. <input type="checkbox"/> Mr. # <input type="checkbox"/> Ms. # <input type="checkbox"/> Dr. (Please check ✓)#	
		<input type="checkbox"/> Other _____			<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:		If unlisted, check here <input type="checkbox"/>	Work phone:		Cell phone:
	Name:			Relationship to child:		
	Address:					
	City/State:			Zip Code:		
	Home phone:		If unlisted, check here <input type="checkbox"/>	Work phone:		Cell phone:

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): Baptismal certificate checked by:</i>			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: ___ / ___ / ____		
PARENT or GUARDIAN				