

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: ___ / ___ / ____
	2017-18 FEES: <i>(Number of children in the same family)</i> One child: \$130 Two children: \$180 Three children: \$200	
LAST NAME	OFFICIAL USE ONLY	
FIRST NAME		

FAMILY NAMES	Head of Household	Last name:	Spouse/Other	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 _____		<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:

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				