

**OUR LADY OF OSTRABRAMA
RELIGIOUS EDUCATION PROGRAM
2015-2016 REGISTRATION FORM**

Name of Student _____
Mailing Address - _____ - City- _____ Zip- _____
Date of Birth _____ Tel. - ____ - _____ email- _____ @ _____
Parent's cell # _____
School _____ Grade _____
Father's Name _____
Mother's first and Maiden Name _____

Was this student enrolled in our program last year? ____ if not, give name and address of previous program: Parish _____

Sacramental Information: (If your child was not baptized in our parish, a copy of his/her Baptismal certificate is required for first time enrollment).

Baptism - Church - _____
Address _____
Date- (month-day-year) _____
First Holy Communion - Church - _____
Address _____ Date- (month-day-year) _____

EMERGENCY INFORMATION - Please provide the name and phone number of someone to be contacted during class time in the event of an emergency.

Name- _____ Relationship- _____
Phone- _____

Does this student have any allergies? ____ If yes, to what? _____

Class Fees: \$80.00 for one child; \$150.00 for two; \$ 200.00 for three or more. Please make the check out to Our Lady of Ostrabrama. Mail to: Our Lady of Ostrabrama, P.O. Box 997 Cutchogue, NY 11935, or place in the collection basket during Mass.

If you have any questions, please call Adrienne Dillingham @ 369-7933