

**OUR LADY OF OSTRABRAMA
RELIGIOUS EDUCATION PROGRAM
2024-2025 REGISTRATION FORM**

Child's Name _____ Date of Birth: _____

Address _____

Father's Name _____ Mother's First and Maiden Name _____

Child lives with Both __ Mother __ Father __ Other __

Home Phone # _____ Mother's Cell # _____ Father's Cell _____

Email _____ @ _____

School: _____ Grade __ (2023-2024)

Emergency Contact: Name- _____ Relationship- _____ Phone-

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

Address: _____

Does this child have any allergies? __ If yes, to what? _____

Does this child have special needs /concerns? __ If yes, please provide information?

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 _____ Date _____

Address _____

First Holy Communion: Church - _____ Date _____

Address _____

Registration Fee: 1 child \$90/2 or more children \$160. Please make the check payable to Our Lady of Ostrabrama. Mail to Our Lady of Ostrabrama, Attn: Adrienne Dillingham, P. O. Box 997, Cutchogue, NY 11935 by September 1. 2023.

Payment: Amount Paid: _____ **Cash** _____ **Check #** _____