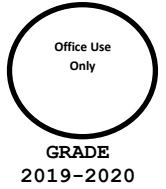


Our Lady of the Assumption
RELIGIOUS EDUCATION CENTER
1 Molloy Street, Copiague, N.Y. 11726
631-842-3545

**REGISTRATION FORM
NEW STUDENT INFORMATION**



Child's Full Name: _____

Date of Birth: ___/___/___ **Country of Birth:** _____ **Gender:** F___ M___ **Age:** _____

Home Address: _____

City _____ **State** _____ **Zip Code** _____

Home Phone Number: _____ **Email:** _____

Please check the school that your child currently attends:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Susan E. Wiley | <input type="checkbox"/> Deauville Garden East | <input type="checkbox"/> Deauville Garden West | <input type="checkbox"/> Great Neck Road |
| <input type="checkbox"/> Albany Avenue | <input type="checkbox"/> Alleghany Avenue | <input type="checkbox"/> Daniel Street | <input type="checkbox"/> Harding Avenue |
| <input type="checkbox"/> West Gates | <input type="checkbox"/> William Rall | <input type="checkbox"/> Park Avenue | <input type="checkbox"/> Northwest |
| <input type="checkbox"/> Northeast | <input type="checkbox"/> Copiague Middle School | <input type="checkbox"/> Copiague High School | <input type="checkbox"/> Lindenhurst Middle School |
| <input type="checkbox"/> Lindenhurst High School | <input type="checkbox"/> Amityville Middle School | <input type="checkbox"/> Amityville High School | |

Other School (please write the name): _____

Child's Public School Grade (School Year 2019-2020):

1 2 3 4 5 6 7 8 9 10 11 12

SACRAMENTAL INFORMATION

Baptism Yes___ No___ Church: _____ Date: _____

First Penance Yes___ No___ Church: _____ Date: _____

First Communion Yes___ No___ Church: _____ Date: _____

Confirmation Yes___ No___ Church: _____ Date: _____

SPECIAL NEEDS

Language Difficulties Yes___ No___ Explain: _____

Learning Disabilities Yes___ No___ Explain: _____

Other (emotional problems, speech or hearing difficulties, medications, allergies, etc) _____

PREVIOUS RELIGIOUS EDUCATION CLASSES

Did your child attend Religious Education classes before? No ____ Yes ____ If Yes, please complete the information below.

Name of the Parish: _____ City: _____ State: _____

Last Grade Attended: _____ School Year: _____

PARENT/GUARDIAN INFORMATION

Child resides with: Mother ____ Father ____ Both ____ Other (specify) _____

Mother's Name: _____

Maiden Name: _____

Cell Phone Number: _____

Religion: _____

Primary Language: _____

Occupation: _____

Father's Name: _____

Phone Number: _____

Religion: _____

Primary Language: _____

Occupation: _____

If child **not living with a parent**, please provide information below:

Guardian's Name: _____

Phone Number: _____

Relationship to Child: _____

EMERGENCY CONTACT (other than parents)

Full Name: _____

Phone Number: _____

Relationship to Child: _____

OFFICE USE ONLY

Registration Fee: \$ _____ Cash: \$ _____ Check: \$ _____ # _____ Envelope #: _____

Monthly Installments: 2 3 4 5 6 Deposit: \$ _____ Balance: \$ _____ Receipt #: _____

Date: _____

Remarks:

