

Our Lady of Angels Catholic Church

Religious Education Registration

13752 Mary's Way, Woodbridge, VA 22191

Family Last Name: _____

Date: _____

Father's Name: _____

Home Phone: _____

Mother's Name: _____

Mom/Dad Work/Cell: _____

Mother's Maiden: _____

Emergency Contact: _____

Custodial Parent, if different from above _____

Email: _____

Home Address: _____

Both Parents Catholic? Y____ N____

Child	Birthdate	Sex	Grade	Session	Room	Class
_____	_____	_____	_____	_____	_____	_____
Sacrament and Date: Baptism		Catholic?	Eucharist	Penance	Confirmation	
_____		_____	_____	_____	_____	
Special Needs: medical, learning disabilities, physical		abilities: _____				

Child	Birthdate	Sex	Grade	Session	Room	Class
_____	_____	_____	_____	_____	_____	_____
Sacrament and Date: Baptism		Catholic?	Eucharist	Penance	Confirmation	
_____		_____	_____	_____	_____	
Special Needs: medical, learning disabilities, physical		abilities: _____				

Child	Birthdate	Sex	Grade	Session	Room	Class
_____	_____	_____	_____	_____	_____	_____
Sacrament and Date: Baptism		Catholic?	Eucharist	Penance	Confirmation	
_____		_____	_____	_____	_____	
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_____		_____	_____	_____	_____	
Special Needs: medical, learning disabilities, physical		abilities: _____				

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition due: \$ _____ Tuition Pd: \$ _____ Signature: _____