

**OUR LADY OF OSTRABRAMA  
RELIGIOUS EDUCATION PROGRAM  
2023-2024 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 \_\_ (2022-2023)

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 Parish, Attn: Adrienne Dillingham, P. O. Box 997, Cutchogue, NY  
11935 by September 1. 2023.

**Payment: Amount Paid:** \_\_\_\_\_ **Cash** \_\_\_\_\_ **Check #** \_\_\_\_\_

