

**OUR LADY OF OSTRABRAMA
RELIGIOUS EDUCATION PROGRAM
2026-2027 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 ___ (2025-2026)

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 2, 2026.

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