

**OUR LADY OF OSTRABRAMA  
RELIGIOUS EDUCATION PROGRAM  
2018-2019 REGISTRATION FORM**

Name of Student \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email \_\_\_\_\_@\_\_\_\_\_

Parent's Cell \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_

Father's Name \_\_\_\_\_

Mother's first and Maiden Name \_\_\_\_\_

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

Parish \_\_\_\_\_

**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 - \_\_\_\_\_

Address \_\_\_\_\_

Date- (month-day-year) \_\_\_\_\_

**First Holy Communion** - Church - \_\_\_\_\_

Address \_\_\_\_\_ Date- (month-day-year) \_\_\_\_\_

**EMERGENCY INFORMATION** - Please provide the name and phone number of someone to be contacted during class time in the event of an emergency.

Name- \_\_\_\_\_ Relationship- \_\_\_\_\_

Phone- \_\_\_\_\_

Does this student have any allergies? \_\_\_\_ If yes, to what? \_\_\_\_\_

**Registration Fee:** \$90.00 for one child; \$160.00 for two; \$ 200.00 for three or more. Please make the check payable to Our Lady of Ostrabrama. **Mail to:** Our Lady of Ostrabrama, P.O. Box 997 Cutchogue, NY 11935, or place in the collection basket during Mass.

If you have any questions, please call Adrienne Dillingham @ 631-369-7933