

Our Lady of the Snows Office of Faith Formation

258-15 80th Avenue ~ Floral Park, NY 11004

(718) 347-3511 ~ Fax (718) 343-3221

rel.ed@olsnows.org

First Time Registration 2018 / 2019

Dear Parent:

March, 2018

Welcome to Our Lady of the Snows Religious Education. Classes are held on Sunday mornings from 10:30 a.m. to 12:00 Noon. If you are not yet a registered member of our parish, please complete a parish registration form today.

All children registering for the first time **must submit their Baptismal Certificate** even if baptized here at our parish. If your child has attended religious education at another school, please provide a **letter from the School/Program** confirming grade levels and sacraments completed. Public school children should begin our Program no later than the first grade and continue through the 8th grade. Please keep in mind that any child requiring a sacrament (First Holy Communion or Confirmation) must have at least two consecutive years of religious instruction before they can receive the sacrament.

Registration Fees are as follows:	One Child	\$ 90.00
	Two Children	130.00
	Three or more Children	160.00

Opening day for grades **K-8 is Sunday, Sept. 16th**. Opening Day for **Pre-K is Sunday, Sept. 23rd**. Parents are invited to a welcome meeting on the opening day September 17th at 10:45 a.m.

Students in grades Pre-K to 5 line up in Bishop Chappetto Hall. Students in grades 6, 7, & 8 enter the school building on 258th Street closest to Union Turnpike and meet in the vestibule.

Parents of 7th and 8th graders will be required to attend a meeting regarding the Sacrament of Confirmation. More information will follow.

Pre-K Supplies: Each week, please send your child with a **FOLDER**.

Grades K- 5 Supplies: Each week, please send your child with their **RELIGION BOOK**, a **FOLDER**, and a **PENCIL CASE** with two pencils or pens.

Grades 6- 8 Supplies: Each week, please send your child with a **FOLDER**, a **NOTEBOOK** and a **PEN**.

Please make sure the child's name is written on all items they bring to class including sweaters and jackets so we can return them if they are left behind.

If you have any questions, or if you have any concerns regarding your child or our Program, please don't hesitate to call me at 718-347-3511. I look forward to working with you as, together, we help our children grow in their faith.

Sincerely yours in Christ,
Regina Moreno
Pastoral Associate

Our Lady of the Snows Religious Education Program - Registration Form 2018/2019

PLEASE COMPLETE THIS FORM FOR **EACH CHILD** YOU ARE REGISTERING

Today's Date _____ Please check one } _____ First Time Registration _____ Re-Registration

STUDENT INFORMATION

Child's First Name _____ Last Name _____ Male Female

Address _____ City _____ State NY Zip _____

Child's Date of Birth _____ Home Telephone (_____) - _____ - _____
Month Day Year

Name of Public School child will attend in September _____

Public School Grade in September 2018 _____ Religious Education Grade in September 2018 _____

Class

Does your child have an IEP (Individual Education Plan), Learning Disability or is he/she behind in reading or writing for their grade level? Yes No If yes, please explain below.

Does your child have any allergies or health issues we should be aware of? No Yes. If yes, please explain:

Does your child take any medications regularly? No Yes If yes, please list medications below.

HOUSEHOLD/MAILING INFORMATION (Please be sure to complete bolded questions)

How would you like mail sent? Mr. & Mrs./Mr./Mrs./Miss/ Ms. _____

MOTHER'S NAME: First _____ Maiden _____ Last _____

Cell Phone # _____ **Daytime Phone** _____ Religion _____

Mother's Email _____ Address if different from child _____

FATHER'S NAME: First _____ Last _____

Cell Phone # _____ **Daytime Phone** _____ Religion _____

Father's Email _____ Address if different from child _____

Circle one if father belongs to either rite } Syro Malabar, Syro Malabar Knanaya, or Syro Malankara

Parents Marital Status **Circle one:** } Married, Unmarried Living Together, Separated, Divorced, Widowed, Single

With whom does child primarily live? **Circle one:** } Parents, Both Parents different households, Mother, Father, *Other

*Name of Other: _____

Are there any special family situations that we should be aware of: (divorce, serious illness, deaths, etc.)

Does either parent need assistance in receiving a sacrament? No, we have received the sacraments Yes, see below

If yes: Parent's Name _____ Baptism Communion Confirmation Marriage

You will be contacted by a pastoral staff member. Please provide a daytime phone # _____

Registration Form 2018/2019 continued

CHILD'S SACRAMENTS & RELIGIOUS EDUCATION

Baptism: _____ No _____ Yes Church _____ Date _____

Communion: _____ No _____ Yes Church _____ Date _____

Penance: _____ No _____ Yes Church _____ Date _____

Confirmation _____ No _____ Yes Church _____ Date _____

Prior Religious Education? _____ No _____ Yes - When? _____

Where? _____ Grade level completed _____

EMERGENCY CONTACT ***REQUIRED

IF WE CAN NOT REACH YOU in the event of emergency who can we call during religious education class?

Name: _____ Relationship to child _____ Phone # _____

PARISH LIFE

Are you a registered parishioner of OLS? _____ Yes, _____ Env. No. _____ No **If no, please complete a Parish Registration Card**

Are you involved in any parish ministry? _____ No _____ Yes If Yes, what ministry? _____

If no, would you like to be? _____ No _____ Yes What might interest you? _____

Would you like to be involved in Family Mass? _____ Yes _____ No (First Sunday of the month at the 9:30 a.m. Mass)

Would you consider becoming a Catechist (religion teacher) _____ Yes _____ No or Substitute Catechist? _____ Yes _____ No

COMMITMENT AND RESPONSIBILITY

I pledge to take seriously my responsibility to attend Mass each weekend with my child. My child will attend religion class regularly. Parent/Guardian Signature _____

Occasionally we need parents' help. Can we call on you for help? _____ Yes _____ No

Name _____ Grade _____

Names and grades of your other children registering in our Program →

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

FOR OFFICE USE ONLY

No. of children registered: _____ One (\$90) _____ Two (\$130) _____ Three or more (\$160)

Fee Paid: Full \$ _____ Partial \$ _____ Cash/Check # _____ Balance Due \$ _____

Final Payment \$ _____ Cash/Check # _____ Date _____

Baptismal Certificate: _____ Received _____ Needed Other Certificate/Documentation Needed _____

Special Request _____

Sacramental Preparation Needed _____

Class _____ Catechist _____