

# OUR LADY OF ANGELS CATHOLIC CHURCH

Religious Education Registration Form **2020 – 2021**

656 24th Street San Diego, CA 92102

FAMILY NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**EMERGENCY CONTACT:** (In the event of an emergency, if you are unable to reach me, please contact the following person):

NAME: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

**Student** Name: \_\_\_\_\_ Sex: Male \_\_\_\_ Female \_\_\_\_

City / State of Birth: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Health Problems / Special Needs: \_\_\_\_\_

Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church: \_\_\_\_\_

First Communion: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

What class do you wish to enroll in? \_\_\_\_ Pre-Communion (1st Yr.) \_\_\_\_ Confirmation (1st Yr.)

\_\_\_\_ Communion (2nd Yr.) \_\_\_\_ Confirmation (2nd Yr.)

\_\_\_\_ RCIC-1st Yr. (All Sacraments for children)

\_\_\_\_ RCIC-2nd Yr. (All Sacraments for children)

\_\_\_\_ RCIA (Sacraments for Adults: \_\_\_\_ Baptism \_\_\_\_ Communion \_\_\_\_ Confirmation)

In what language do you want the class? English \_\_\_\_ / Spanish \_\_\_\_