

OUR LADY OF ANGELS CATHOLIC CHURCH

Religious Education Registration Form **2021 – 2022**

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 ____