

Our Lady of the Snows Religious Education

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

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

rel.ed@olsnows.org

First Time Registration 2010 / 2011

Dear Parent:

March, 2010

Welcome to Our Lady of the Snows Religious Education. Classes are held on Sunday mornings from 10:30 a.m. to 11:45 a.m. 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 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. 19th**. Opening Day for **Pre-K is Sunday, Sept. 26th**. Parents are invited to a welcome meeting on the opening day of classes at 10:45 a.m.

Students in grades Pre-K to 5 line up in the Green Room. 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.

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
258-15 80th Avenue
Floral Park, NY 11004-1244
(718) 347-3511 Fax (718) 343-3221
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Re-Registration 2010 / 2011

March, 2010

Dear Parents:

On the reverse of this letter you will find a Re-registration Form for your child for the 2010/2011 school year of Religious Education.

Please carefully review the form and using a red or blue pen hand write any corrections that need to be made. Complete any missing or relevant information including a **parent's daytime phone number**

If there is no baptismal date shown please provide us with a copy of your child's baptismal certificate for our file. Finally, sign the form and return it with the appropriate registration fee. Checks should be made payable to O.L.S. Religious Ed. Please return your registration as early as possible since this will help us plan for September.

If you have another child who you are registering for the first time, please obtain a New Registration Form from the Religious Education or Parish Office. Please complete all the information and return it with the appropriate registration fee for the number of children you are registering.

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

If you have any questions or wish to speak with me for any reason please don't hesitate to call me at 347-3511. I look forward to working with you next season 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 2010/2011

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 2010 _____ Religious Education Grade in September 2010 _____ 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 _____

Address if different from child _____

FATHER'S NAME: First _____ Last _____

Cell Phone # _____ Daytime Phone _____ Religion _____

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 # _____

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**

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

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

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

Name _____ Grade _____
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 _____

Class _____ Catechist _____

Special Request _____

Sacramental Preparation Needed _____

Our Lady of the Snows Religious Education - Pre-K Registration Form 2010/2011

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 (_____) - _____ - _____

What public school does your child attend? _____

Does your child have any learning difficulties, health issues or allergies? ___ No ___ Yes - If yes, please explain below.

Learning: _____

Health Problems: _____

Allergies: _____

Medications regularly taken: _____

HOUSEHOLD/MAILING INFORMATION

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

MOTHER: First Name _____ Maiden _____ Last _____

Cell Phone # _____ Daytime Phone _____ Religion _____

Address if different from child _____

FATHER: First Name _____ Last _____

Cell Phone # _____ Daytime Phone _____ Religion _____

Address if different from child _____

Circle one if father belongs to either Catholic 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 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 # _____

Continue on Reverse ÷

Pre-K Registration Continued

CHILD'S SACRAMENTS & RELIGIOUS EDUCATION

Has child been baptized? No ___ Yes ___ Church _____ Date _____

EMERGENCY CONTACT (OO REQUIRED OO)

Give us the name of persons we can call **IF WE CANNOT REACH YOU during religion class time** in the event of an emergency:

Name: _____ Relationship to child _____ Phone _____

Name: _____ Relationship to child _____ Phone _____

Name: _____ Relationship to child _____ Phone _____

PARISH LIFE

Are you a registered parishioner? ___ Yes Env. # _____ ___ No **If no, please fill out a parish registration form.**

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

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

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

Would you like to be a Catechist (Religion Teacher)? ___ Yes ___ No Substitute Catechist? ___ Yes ___ No

COMMITMENT & RESPONSIBILITY

It is our understanding that you will take seriously your responsibility to attend Mass each Sunday with your child and that your child will attend religious instruction class regularly.

Parent/Guardian Signature _____

Can we call on you for parental help for our Program? ___ Yes ___ No

FOR OFFICE USE ONLY

One Pre-K child only: ___ One \$90 or ___ Additional Pre-K child \$40

Total # of children registered: ___ One Child \$90 ___ Two Children \$130 ___ Three or more Children \$160

Other children registered: Name _____ Rel. Ed. Grade _____

Name _____ Rel. Ed. Grade _____

Name _____ Rel. Ed. Grade _____

Name _____ Rel. Ed. Grade _____

Amount Previously Paid \$ _____ Now Due \$ _____ Cash / Check # _____ Balance Due \$ _____

Baptismal Certificate: ___ Received ___ Needed

Special Request: _____

