



**HOLY ANGELS**  
**RELIGIOUS EDUCATION**  
 REGISTRATION FORM 2009-2010  
 Religious Education Office (626) 445-2967  
 Confirmation Office: (626) 446-0979

<b>OFFICE USE ONLY</b>	
Reg Fee:	_____
Registered:	_____
Certs:	_____

*(PLEASE COMPLETE BOTH SIDES)*

Please circle one:

**PRE -K    ELEMENTARY    MIDDLE-SCHOOL    CONFIRMATION**

**Student Name:** \_\_\_\_\_ Male / Female  
**Date of Birth:** \_\_\_\_\_  
**School Name:** \_\_\_\_\_ **Grade in the Fall:** \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

<b>Father (or male guardian):</b>	<b>Mother (or female guardian):</b>
Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Home Phone: _____	Home Phone: _____
E-Mail Address: _____	E-Mail Address: _____
Business Phone: (    ) _____	Business Phone: (    ) _____
Cell Phone: (    ) _____	Cell Phone: (    ) _____
Religion: _____	Religion: _____

**EMERGENCY CONTACT INFORMATION**

**LIST THREE (3) ADULTS YOU AUTHORIZE TO PICK UP YOUR CHILD(REN) IN AN EMERGENCY**

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

**I authorize Holy Angels Religious Education Staff to provide medical services for my child(ren) in an emergency.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CLASS TIMES**

Pre-K	Sundays - 11:00 AM - 12:00 PM (during 11:00 AM Mass)
Elementary (grades 1-6)	Sundays - 9:30 - 10:45 AM
Middle School (7th & 8th)	Tuesdays: - 7:30 -8:45 PM
Confirmation (9th-12th)	Sundays - 5:00 PM Mass - Class 6:00 - 8:00 PM

**REGISTRATION FEE**

Pre-K \$50 per child  
 Elementary through Confirmation \$75 ea child  
 2nd year First Communion Students Add'l \$30 per child  
***No child will be refused enrollment due to financial difficulties.***  
***Arrangements may be made regarding payment of registration fee.***

---

**FOR PRE-K STUDENTS ONLY:**

Age by Oct 1st: \_\_\_\_\_

Has child attended pre-school or nursery classes before? Yes /No

Child's personality (i.e., shy, outgoing) \_\_\_\_\_

Will child be attending Kindergarten in September? Yes / No

Number of children in family \_\_ Older than student: \_\_\_\_ Younger than student: \_\_\_\_\_

---

**SACRAMENT HISTORY:**

PLEASE PROVIDE COPIES OF THE FOLLOWING:

Baptism Certificate for ALL students 1st grade through Confirmation  
First Communion Certificate for ALL students in Confirmation

**Date:** \_\_\_\_\_ **Church Name** \_\_\_\_\_ **City/State of Church:** \_\_\_\_\_  
Baptism: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_  
1st Communion: ` \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

---

**MEDICAL HISTORY:**

Medical Conditions/Allergies:: \_\_\_\_\_

Other Concerns/Special Needs: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Insurance : \_\_\_\_\_ ID #: \_\_\_\_\_ GROUP #: \_\_\_\_\_

---

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_