



DIOCESE OF VENICE IN FLORIDA

Our Lady Queen of Martyrs Religious Education Program

Registration Form Grades 1-12

Date: _____

Student's Full Name: Last: _____ First: _____ Middle: _____

Gender: _____ Address: _____

City: _____ Zip: _____ Birthday: _____

School: _____ Grade for current year _____

Grade in Religious Education last year: _____ Church: _____

Baptism Date: _____ @ Church: _____ City: _____

State/Zip: _____ (If not at OLQM, will need a copy of Baptismal Certificate)

Student has already received: ___ Baptism ___ Reconciliation ___ Eucharist ___ Confirmation

Choose one: _____ face-to-face classes _____ virtual/online classes

Sacramental Preparation (complete this section if appropriate)

In this parish, second graders prepare for and receive first Reconciliation and first Communion.

Preparation for Confirmation is a 2-year process, ninth and tenth grades, and students receive the sacrament at the end of that process.

Other students needed these sacraments will be planned on an individual basis.

An additional fee of \$10 is requested for all students participating in Sacramental Preparation

I would like my child _____ to receive the following sacraments this year (check each one applicable) ___ Baptism ___ Reconciliation ___ Eucharist ___ Confirmation

Allergies/Comments/Special Needs & Disabilities: _____

Number of students _____
Registered in parish:
Check number: _____
Check
Cash
Amount paid: _____
For office use only: Date received: _____

Family Information

Are you currently registered parishioners at Our Lady Queen of Martyrs? ____ Yes ____ No*

(*Please note: Families must be registered at the parish to participate in Faith Formation and Sacramental Preparation. Please fill in all information as applies)

Student Name _____

Lives with: ____ Both parents ____ Mother ____ Father ____ Guardian(s)

Home street address: _____

City: _____ State: _____ ZIP: _____

Mother's name: _____ **Maiden name:** _____

Cell phone: _____ Work phone: _____ Religion: _____

E-mail address: _____

Mother's job/skills: _____

Father's name: _____ **Religion:** _____

Cell phone: _____ Work phone: _____

E-mail address: _____

Father's job/skills: _____

(Complete below if applicable)

Guardian's name: _____ **Relationship:** _____

Cell phone: _____ Work phone: _____ Religion: _____

E-mail address: _____

Guardian's job/skills: _____

I attest that all information on this form is true and correct to the best of my knowledge. I understand that, as my child's parent/guardian, I am the first teacher of the faith for my child and I will make every effort to aid my child in the study and understanding of their faith.

Furthermore, I attest that my student and I have reviewed the *Faith Formation Family Handbook* and will comply with the parent and student responsibilities as laid out. *(handbook has not changed except for the time of Faith Formation ends each week)*

Parent/Guardian signature: _____ Date: _____