



DIOCESE OF VENICE IN FLORIDA

**Our Lady Queen of Martyrs
Religious Education Program**

Registration Form Grades Pre K- 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: _____ at Church: _____

City: _____ State/Zip: _____

[\(If not done at OLQM, we will need a copy of the Baptismal Certificate\)](#)

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

Sacramental Preparation (complete this section if appropriate)

In this parish, second and third graders will receive First Reconciliation at the end of the first year of preparation. First Communion is received at the end of the second year preparation.

Preparation for Confirmation is done at the high level. The sacrament received at the end of the two year preparation.

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

See the Family Handbook for tuition and fees

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: _____

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 Religious Education 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 Code: _____

Mother's name: _____ Maiden name: _____

Cell phone: _____ Work phone: _____ Religion: _____

E-mail address: _____

Mother's job/skills: _____

Father's name: _____

Cell Phone: _____ Work Phone: _____ Religion: _____

E-mail address: _____

Father's job/skills: _____

Guardian's Name: _____ Relationship: _____

Guardian's name: _____ Relationship: _____

Cell phone: _____ Work phone: _____ Religion: _____

Email address: _____

Guardians' job/skills: _____

Guardians' job/skills: _____

I attest that all the 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.

Parent/guardian signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____