



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: _____

Sex: _____ 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 at OLQM, will need a copy of Baptismal Certificate)

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

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.

Tuition, fees, and scholarships are explained in the Family Orientation packet

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: _____



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

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

Sex: _____ Date of Birth: _____

Allergies/Comments/Special Needs & Disabilities: _____

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

I'd like my child to receive: _____ Baptism _____ Reconciliation _____ Eucharist _____ Confirmation

If different from family,

Student's address: _____ City: _____ Zip: _____

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

Sex: _____ Date of Birth: _____

Allergies/Comments/Special Needs & Disabilities: _____

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

I'd like my child to receive: _____ Baptism _____ Reconciliation _____ Eucharist _____ Confirmation

If different from family,

Student's address: _____ City: _____ Zip: _____

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

Sex: _____ Date of Birth: _____

Allergies/Comments/Special Needs & Disabilities: _____

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

I'd like my child to receive: _____ Baptism _____ Reconciliation _____ Eucharist _____ Confirmation

If different from family,

Student's address: _____ City: _____ Zip: _____