



Religious Education Registration

St. Faustina Polish School 2022/2023



www.Swfaustynany.com * polskaszkolaop@gmail.com * 347-886-4699 * 101-41 91st Str. Ozone Park NY 11416

FAMILY MUST BE REGISTERED MEMBERS OF THE PARISH –PLEASE SEE PARISH SECRETARY TO REGISTER

STUDENT INFORMATION

STUDENT NAME _____ MALE / FEMALE _____

HOME ADDRESS _____ CITY _____ STATE NY ZIP _____

HOME PHONE # _____ STUDENT'S BIRTHDATE _____

PUBLIC SCHOOL NAME PS# _____ MS# _____ PUBLIC SCHOOL GRADE 2022-2023 _____

Student lives with (check one): Parents ___ Mother ___ Father ___ Other ___ (Please fill in guardian info on reverse)

MEDICAL INFORMATION

MEDICAL INFO ABOUT STUDENT (allergies, prescriptions, special educational needs, etc.)

FAMILY DOCTOR: _____ PHONE # _____

IN CASE OF EMERGENCY NOTIFY:

NAME PHONE NUMBER

1. _____
2. _____

SACRAMENT INFORMATION

RELIGIOUS EDUCATION OFFICE MUST HAVE A COPY OF STUDENT'S BAPTISMAL CERTIFICATE

BAPTISM: CHURCH _____ DATE _____
 ADDRESS _____

FIRST COMMUNION: DATE _____ CHURCH _____

FIRST PENANCE: DATE _____ CHURCH _____

***HAS YOUR CHILD ATTENDED PREVIOUS RELIGIOUS INSTRUCTION AT ANOTHER PARISH? - (must have transfer papers from Parish Religious Education or Catholic school last attended)

Years attended: _____ Parish/School Name _____

Address _____

Religion: Roman Catholic _____ Other (Please specify) _____ LANGUAGE(S) SPOKEN _____



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PARENT/GUARDIAN INFORMATION

Married / Separated / Divorced / Other _____

FATHER'S FULL NAME _____

CELL PHONE # _____ WORK PHONE # _____

Do you agree to receive text messages on your cell phone regarding school closings, scheduling changes etc? Yes _____ No _____

EMAIL ADDRESS (print neatly) _____

RELIGION: Roman Catholic / Other (Please specify) _____ LANGUAGE(s) SPOKEN _____

MOTHER'S MAIDEN NAME _____

CELL PHONE # _____ WORK PHONE # _____

Do you agree to receive text messages on your cell phone regarding school closings, scheduling changes etc? Yes _____ No _____

EMAIL ADDRESS (print neatly) _____

RELIGION: Roman Catholic / Other (Please specify) _____ LANGUAGE(s) SPOKEN _____

Additional information regarding student's relationships with parents (custody, visitation, court orders, etc)

GUARDIAN NAME (only if not parent) _____

Relationship _____ Religion _____

LIST OF ALL OTHER CHILDREN ATTENDING RELIGIOUS EDUCATION AT THIS PARISH

1. _____
2. _____
3. _____

Registration Fee (non-refundable) is \$160 per child