

Tuition Fee \$40.00 per child

Check # _____ Amount _____
Cash \$ _____ Amount _____
Received by _____ Date _____

**Our Lady of Victory National Shrine
Religious Education
2760 SOUTH PARK AVENUE
LACKAWANNA, NY 14218
828-9437
RE-REGISTRATION FORM**

PARENT NAME _____ PHONE NO. _____

_____ (last) (first)

ADDRESS _____ ZIP CODE _____
Street City/Town State

Titles for mailing: ___ Mr. & Mrs. ___ Mr. ___ Mrs. ___ Ms. ___ Miss
Marital Status: ___ Married ___ Single ___ Widowed ___ Separated ___ Divorced (Complete next)
Custodial Parent: _____

Are you a registered member of Our Lady of Victory Parish? _____

(IF YOU HAVE A CHILD ENTERING THE PROGRAM FOR THE FIRST TIME, PLEASE CALL THE RELIGIOUS EDUCATION OFFICE FOR A NEW STUDENT REGISTRATION FORM)

| Child's Full Name | Grade in September |
|-------------------|--------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

EMERGENCY CONTACT PERSON / TELEPHONE NUMBERS:
Relative/Friend _____
Mother's Cell/work _____
Father's Cell/work _____
Email _____

SACRAMENT FEE (Additional)
(Gr. 2) Reconciliation - \$20.00 per child
(Gr. 3) Eucharist - \$40.00 per child
(Gr.10) Confirmation - \$80.00 per child

Please indicate the area you are willing to volunteer your assistance:

Please inform us of any medical or learning problems that may bear on the student's learning or behavior. (Ex.allergies, reading problems, ADD, etc.) **This will be kept confidential.** Thank you.