

# Annunciation – Our Lady of Fatima Parish New Family Registration Form

Religious Education Program 2017-2018  
470 Westchester Avenue, Crestwood, New York 10707  
Phone: (914) 779-2374

Family Last Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Primary contact E-Mail: \_\_\_\_\_ Home phone: \_\_\_\_\_

Primary contact cell phone: \_\_\_\_\_ Alternate cell phone \_\_\_\_\_

Mother's Religion, if not Catholic: \_\_\_\_\_ Father's Religion, if not Catholic: \_\_\_\_\_

Parish Envelope number \_\_\_\_\_ *If you are not registered in this parish, please do so.*

## For each child you are enrolling:

**Child's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Location: \_\_\_\_\_

School Now Attending: \_\_\_\_\_ Grade \_\_\_\_\_

Does child require accommodations or have special needs? Yes \_\_\_ No \_\_\_

If Yes, please provide details: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Location: \_\_\_\_\_

School Now Attending: \_\_\_\_\_ Grade \_\_\_\_\_

Does child require accommodations or have special needs? Yes \_\_\_ No \_\_\_

If Yes, please provide details: \_\_\_\_\_

## Sacramental Information (Copy of BAPTISMAL CERTIFICATE MUST BE ATTACHED)

<b>1<sup>st</sup> Child Sacraments:</b>	Name of Church:	Location:	Date:
Baptism	_____	_____	_____
First Communion	_____	_____	_____
Penance	_____	_____	_____

<b>2<sup>nd</sup> Child Sacraments:</b>	Name of Church:	Location:	Date:
Baptism	_____	_____	_____
First Communion	_____	_____	_____
Penance	_____	_____	_____

**\*\*To complete the enrollment process, parents must pay the registration fee and fill out and sign a Authorization Form and Student Safety Form for each enrolled child. Pay online at [www.annunciation-fatima.com/religious-education](http://www.annunciation-fatima.com/religious-education) or submit payment with Authorization Form.**