



HOLY ANGELS CATHOLIC CHURCH

Office of Religious Education
121 East Water Street, Sidney, Ohio 45365
Parish Office: 937.498.2307

2023 - 2024 RELIGIOUS EDUCATION REGISTRATION

Please Print. (No Nicknames)

Family Last Name: _____ Date: _____

Parishioner of Holy Angels Yes No if not, home parish: _____

Father's Name: _____ Catholic Yes No Cell # _____

Mother's Name: _____ Catholic Yes No Cell # _____

Primary email: _____

Second email: _____

Address: _____ City _____ zip _____

Child/Children live(s) with: Both Parents Mother Father Stepfather Stepmother

(Check all that apply.) Custodial Adult: _____
Name Relationship to the child/children

Emergency contact (other than parent(s)): _____
Name Phone Number

Student Information K - 8

1st Child's name _____

Date of Birth _____ Male Female

School Grade in Fall 2022 -
 K 1 2 3 4 5 6 7 8

Attended religious program last year? Yes No

Holy Angels Home School

Other (parish name): _____

Baptized Yes No

_____ Church _____ Date

Prepared for First Penance Yes No

First Communion Yes No

Confirmation Yes No

Current School Attending _____

Allergy / dietary concerns or special needs: _____

Student Information K - 8

2nd Child's name _____

Date of Birth _____ Male Female

School Grade in Fall 2022 -
 K 1 2 3 4 5 6 7 8

Attended religious program last year? Yes No

Holy Angels Home School

Other (parish name): _____

Baptized Yes No

_____ Church _____ Date

Prepared for First Penance Yes No

First Communion Yes No

Confirmation Yes No

Current School Attending _____

Allergy / dietary concerns or special needs: _____

Student Information K - 8

3rd Child's name _____

Date of Birth _____ Male Female

School Grade in Fall 2022 -

K 1 2 3 4 5 6 7 8

Attended religious program last year? Yes No

Holy Angels Home School

Other (parish name): _____

Baptized Yes No

_____ Church _____ Date

Prepared for First Penance Yes No

First Communion Yes No

Confirmation Yes No

Current School Attending _____

Allergy / dietary concerns or special needs: _____

Student Information K - 8

4th Child's name _____

Date of Birth _____ Male Female

School Grade in Fall 2022 -

K 1 2 3 4 5 6 7 8

Attended religious program last year? Yes No

Holy Angels Home School

Other (parish name): _____

Baptized Yes No

_____ Church _____ Date

Prepared for First Penance Yes No

First Communion Yes No

Confirmation Yes No

Current School Attending _____

Allergy / dietary concerns or special needs: _____

NOTE: For additional children, reuse this page.

Additional Information:

If information or notification of events needs to be sent to an additional address, other than the one listed above, please complete the following:

Name: _____ Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: _____

VOLUNTEER – I would be interested in helping with Religious Education as:

_____ **Teacher**

_____ **Aide in the classroom**

_____ **Help in classroom as needed on special occasions**

Registration begins on Monday, June 12, 2023. Forms and Fees due by Monday, August 7, 2023.

FOR OFFICE USE ONLY

- Baptismal Certificate
- AoC Medical Form
- Fee Paid – Check # _____
- Cash _____