



# ***Our Lady of the Magnificat Religious Education***

**2 Miller Road\* Kinnelon, NJ 07405 \* 973-838-0567**

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**RETURN REGISTRATION FORM 2020– 2021**

**Please Print** – Complete one form for each child.

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade (**Sept. 2020**) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Father's Email: \_\_\_\_\_

**Email** \* Please print carefully - for CCD Correspondence only – our sole way of communicating with you!

## **Sunday/Monday Weekly Program – (September – April)**

**Grades 1 -6:** Sunday ..... 10:15 to 11:30 am \_\_\_\_\_

Monday ..... 4:30 to 5:45 pm \_\_\_\_\_

**Is there any other information which you would like us to know about?** \_\_\_\_\_.

If so, please note this information on the back of this form. This should include information about special needs, IEP plan, medications, family changes, or anything which you think might be of concern to us and affect your child's learning.

If parent email should be addressed to a different family name or different address please indicate the differences below:

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

**For Office Use Only:**

Family Name \_\_\_\_\_

Grades \_\_\_\_\_

Fee \_\_\_\_\_

Ck # \_\_\_\_\_

B.R. \_\_\_\_\_