



HOLY ANGELS CATHOLIC ACADEMY

337 74th St. Brooklyn, NY 11209

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holyangelsbayridge.org

Registration Application

Check One: *Little Angels*- 5 Full Days *Little Angels*- 3 Full Days *Little Angels*- 5 Half Days
 Pre-Kindergarten Grades K-8 **Child has an IEP?** Yes ___ No ___

NOTE: For *Little Angels*, child must be 3 years old by December 31st. Tuition for *Little Angels* & Pre-Kindergarten cannot be included in the family plan.

Registration Fee: \$150 (non-refundable) Fee Paid Date _____ Check # _____

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|-----------------------------|--------------------------|-----------------------|-------------------|------------------------------------|--|------------------------------------|
| Child's Last Name: | | First: | Middle: | Male: <input type="checkbox"/> | Female: <input type="checkbox"/> | Grade: |
| DOB: | Country/ State of Birth: | Verification # | Social Security # | Catholic: <input type="checkbox"/> | Non-Catholic: <input type="checkbox"/> | |
| Languages Spoken at Home: | | Last School Attended: | | Dates of Attendance: | | |
| Street Address/ Apt.: | | City: | State: | Zip: | | |
| Father's Last Name: | | First: | Birth Place: | Religion: | Living: <input type="checkbox"/> | Deceased: <input type="checkbox"/> |
| Father's Home Phone: | Cell Phone: | Work/ Extension: | Email: | | | |
| Mother's Last Name: | | First: | Birth Place: | Religion: | Living: <input type="checkbox"/> | Deceased: <input type="checkbox"/> |
| Mother's Home Phone: | Cell Phone: | Work/ Extension: | Email: | | | |
| Legal Guardian's Last Name: | First: | Relationship | Religion: | | | |
| Parish: | | | | | | |

Sacramental Information for Applicants

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| Baptism Church: | Location: | Date: |
| Penance Church: | Location: | Date: |
| First Communion Church: | Location: | Date: |