



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 # _____

Child's Last Name:		First:	Middle:	Male: <input type="checkbox"/>	Grade:
				Female: <input type="checkbox"/>	
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:		
Person Responsible for Payments First & Last Name:		Social Security #:	Signature:		
Parish:					

Sacramental Information for Applicants

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