

2017-2018 RELIGIOUS EDUCATION STUDENT REGISTRATION (page 1) Family Last Name _____

Submit one registration form and check per family. Questions? Contact Lisa Haas 231-4600

Fees per student: YM Youth Ministry (Gr.7- High School): **\$75**
 RE Religious Ed (Gr 1-6): **\$75**
 ECE Ages 3-Kn: **\$60** ☐ Scholarship Requested

For Office Use Only:

Registration Date: _____

Payment Type: _____

Amt. Received: _____

** Pictures taken during the year for the promotion of our religious education programs will be used unless otherwise directed in writing by a parent or guardian at the beginning of each school year.*

GRADE	CHILD'S NAME	M/F	BIRTH DATE (MM/DD/YY)	\$ FEES	SCHOOL	BAPTIZED?				
ECE-3yr. old										
ECE-4yr. old										
ECE- entering Kindergarten K-5										
GRADE	CHILD'S NAME	M/F	BIRTH DATE (MM/DD/YY)	\$ FEES	SCHOOL	√ SACRAMENTS RECEIVED				
						Bap	Rec	Euc	Conf	
RE Grade 1										
RE Grade 2										
RE Grade 3										
RE Grade 4										
RE Grade 5										
RE Grade 6										
YM Grade 7										
YM Grade 8										
YM Grade 9										
YM Grade 10										
TOTAL FEES										

2017-2018 RELIGIOUS EDUCATION STUDENT REGISTRATION (page 2)

Registered members of Queen of Peace Parish? ☐ Yes ☐ No

Current Parish of Membership: _____

ECE (Early Childhood Ed) is our faith program for ages 3-Kn

RE (Religious Ed) is our faith program for grades 1-6

YM (Youth Ministry) is our faith program for grades 7-12

Family Contact Information

Family Last Name: _____

Mother: _____

Father: _____

Address: _____

Address: _____

City: _____ Zip: _____

City: _____ Zip: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Religion: _____

Religion: _____

For ALL Parents:

SPECIAL CONCERNS/NEEDS:

Please let us know of any physical limitations, learning challenges, allergies and/or family circumstances (recent separation, divorce, death or illness). This will be kept confidential.

For ECE Parents: Will you be at Mass during class? ☐ Yes ☐ No

For ECE & RE Parents:

CLASSMATE REQUESTS:

Youth Ministry:

Please indicate student's name and e-mail address:

Physician: _____

Phone: _____

Clinic/Hospital: _____

Phone: _____

Health Insurance Carrier (optional) _____

Policy or Group # (optional) _____

Medical Liability Release Statement: In the event that neither parent nor emergency contact can be reached, I give permission for an adult member of Our Lady Queen of Peace Catholic Parish Religious Education staff/volunteer corps to administer necessary first aid and/or transport my child(ren) (by ambulance if necessary) to the above mentioned clinic or associated hospital for medical care and treatments as deemed appropriate. I will not hold Our Lady Queen of Peace Catholic Parish, the Diocese of Madison, or any staff/volunteer liable for any injuries my child(ren) may incur while participating in this supervised program.

Parent Signature: _____

Date: _____

Additional Contact (other than Parent):

☐ Mailings should also be sent to this address

Name _____

Phone _____

Address _____

Cell Phone _____

City _____

Zip _____