

RETURN PAGES 1 AND 2

PARISH REGISTRATION # _____ DATE RECEIVED: _____
TUITION: _____ SACRAMENT FEE: _____ (___ COMM ___ CONF) LATE FEE: _____
TOTAL: _____ CHECK # _____ CASH _____

Our Lady Queen of Peace Church - Religious Education Program
2017-2018 Registration Form Pre K 3/4 – 8th Grade
201-845-9545 reolqp@yahoo.com

Grades K-8 (Sundays 8:30am – 9:50am)
(Littlest Angels-Pre K3-4 during 10am Mass for those families who attend 10am Mass)

CHILD’S LAST NAME: _____
YOUR LAST NAME: (if different than child) _____

FAMILY ADDRESS: _____

HOME PHONE: _____

FAMILY EMAIL _____

2ND EMAIL (OPTIONAL) _____

1. Father’s Name: _____
First Middle Last

Cell Phone: _____

Religion: _____

Have you received Confirmation? _____
***If not are you interested in RCIA process? _____

2. Mother’s Name: _____
First Middle (Maiden) Name

Cell Phone: _____

Religion: _____

Have you received Confirmation? _____
***If not are you interested in RCIA process? _____

3. Name of Step-Parent (if applicable) _____

4. Name of Guardian (if applicable) _____ Relationship _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency which parent should we contact first on a Sunday morning.

_____ Mother _____ Father

Other Emergency Contact:

Name: _____ Relation to child: _____

Home Phone: _____ Cell Phone: _____

Our Lady Queen of Peace Parish could not offer this Program without the dedicated help of our parents/guardians. All are encouraged to volunteer their time in one or more of the following ways:

- _____ Catechist (Tuition discount)
- _____ Substitute Catechist
- _____ Teacher Aide
- _____ Bingo Volunteer (Thurs. night)

- _____ Hall Monitor (part/full time) - Sun.
- _____ Liturgy of the Word Volunteer - Sun.
- _____ CCD Office Volunteer - during the week
- _____ Hospitality

******Returning Children Only******

1. Child's Name M/F Gr. 2017/18 AGE

Please indicate any special health issues or learning needs that we should know about.

2. Child's Name M/F Gr. 2017/18 AGE

Please indicate any special health issues or learning needs that we should know about.

3. Child's Name M/F Gr. 2017/18 AGE

Please indicate any special health issues or learning needs that we should know about.

Add additional children on back of last page.

******Children New to the Program******

*****(A copy of the Baptism certificate must be attached for new students.)**

1. Child's Name M/F Gr. 2016/17 School Birthday

***Church of Baptism (Name & Address)

Received: Reconciliation ___ Yes ___ No Eucharist ___ Yes ___ No (if yes, include certificates)

Please indicate any special health issues or learning needs that we should know about.

2. Child's Name M/F Gr. 2016/17 School Birthday

***Church of Baptism (Name & Address)

Received: Reconciliation ___ Yes ___ No Eucharist ___ Yes ___ No (if yes, include certificates)

Please indicate any special health issues or learning needs that we should know about.

TUITION SCHEDULE 2017-2018

TUITION MUST BE PAID UPON REGISTRATION UNLESS OTHER ARRANGEMENTS HAVE BEEN APPROVED THROUGH THE OFFICE OF RELIGIOUS EDUCATION.

1 child - \$125

2 children - \$175

3 or more children - \$200

Littlest Angels – Pre K 3/4 - \$25 each child

Children in the Littlest Angels program must be at least 3 years old by September 2017 or enrolled in a regular Pre-K3 or Pre-K4 Program.

Additional Sacrament fees are as follows:

Sacrament fees must be paid by November 15, 2017)

First Eucharist Preparation - \$100.00/child (those receiving in 2018)

Confirmation Preparation - \$100.00/child (those receiving in 2018)

(The Sacrament fee covers the cost of retreats & additional materials the child receives during the year.)

If you have any questions, please call the Director of Religious Education at the office (201-845-9545).