

**St. Mary, Our Lady Queen of Families Parish  
Religious Formation Registration Form  
2020-2021**

CHILD'S LAST NAME: \_\_\_\_\_ HOME PHONE# \_\_\_\_\_

CHILD RESIDES WITH (NAME) \_\_\_\_\_ PARENT \_\_\_ GUARDIAN \_\_\_ RELATIVE \_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

FATHER'S FIRST AND LAST NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ ALT. PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

MOTHER'S FIRST, LAST & MAIDEN NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ ALT. PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ALT. EMERGENCY NAME & RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

\*E-MAIL \_\_\_\_\_ @ \_\_\_\_\_

**\*\*COPY OF BAPTISMAL CERTIFICATE NEEDED FOR ALL STUDENTS**

**LIST BELOW THOSE CHILDREN WHO WILL BE ATTENDING RELIGIOUS FORMATION THIS YEAR**

First Name	Sex	Date of Birth	Grade	Church of Baptism	First Eucharist at	Confirmation

**\*\*\*MY CHILD WILL ATTEND CLASS ON \_\_\_\_\_ TUESDAY, \_\_\_\_\_ THURSDAY**

DOES YOUR CHILD HAVE ANY PHYSICAL/MEDICAL CONDITIONS THAT WE NEED TO BE AWARE OF?  
CHILD'S NAME: \_\_\_\_\_ CONDITION: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY SPECIAL ACADEMIC NEEDS/MODIFICATIONS? CHILD'S NAME: \_\_\_\_\_  
NEED/MODIFICATION: \_\_\_\_\_

DID YOUR CHILD HAVE RELIGIOUS FORMATION LAST YEAR? \_\_\_ YES \_\_\_ NO

IF YOUR CHILD HAD RELIGIOUS FORMATION AT ANOTHER PARISH, NAME THE PARISH \_\_\_\_\_

PARISH AT WHICH YOU ARE REGISTERED: \_\_\_\_\_

\_\_\_ I UNDERSTAND THAT MY FAMILY IS EXPECTED TO ACTIVELY PARTICIPATE IN THE MASS EACH WEEKEND.

**MY CHILD WILL BE ATTENDING:**

\_\_\_\_\_ In Person

\_\_\_\_\_ At Home Only

**OFFICE USE ONLY:**

**TUITION FEE: \$95 FOR ONE CHILD, \$150 FOR 2 CHILDREN, \$165 FOR 3 OR MORE STUDENTS**  
**GRADE 2 & 8: ADD AN ADDITIONAL BOOK/PROJECT/RETREAT FEE OF \$50**  
**BOOK PURCHASE (optional): \$25**

**MAKE CHECKS PAYABLE TO: ST. MARY, OUR LADY QUEEN OF FAMILIES PARISH**

AMT. PAID \_\_\_\_\_ DATE \_\_\_\_\_ BALANCE \_\_\_\_\_ CK. NUMBER \_\_\_\_\_ CASH \_\_\_\_\_

AMT. PAID \_\_\_\_\_ DATE \_\_\_\_\_ BALANCE \_\_\_\_\_ CK. NUMBER \_\_\_\_\_ CASH \_\_\_\_\_

EUCHARIST \_\_\_\_\_ CONFIRMATION \_\_\_\_\_ BOOK PAID \_\_\_\_\_