

**RE-REGISTRATION  
ONLY**

**Queen of Heaven Youth and Family Ministry**

**youthfamilyinfo@qofhchurch.org**

**839 Mill Rd. West Seneca NY 14224 716-675-3714**

**www.qofhchurch.org**

**We are re-registering for (check all that apply):**

**2021-2022**

\_\_\_ Traditional Program (Grades PK-5)

\_\_\_ Family Program (Grades PK-10)

\_\_\_ Home Study (Gr. PK-10)

\_\_\_ Life Teen (Grades 9-12)

\_\_\_ Edge (grades 6-8)

\_\_\_ **Summer Program (8/23-27th)**

\_\_\_ Confirmation (grade 11 or 12)

**DATE:** \_\_\_\_\_

**PLEASE return this form or the information  
via USPS, rectory front door mail slot, or email**

Office use:

Payment: \$ \_\_\_\_\_ cash \$ \_\_\_\_\_ check # \_\_\_\_\_

Date \_\_\_\_\_ Initial \_\_\_\_\_

Please make checks payable to Queen of Heaven Faith Formation.  
As always, if payment is an issue don't hesitate to let us know.

**Family Name:** \_\_\_\_\_ **Main phone #** \_\_\_\_\_ **Other #** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Parent/Guardians name(s)** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Mother's maiden name** \_\_\_\_\_

Are there any custody arrangements we need to be aware of? \_\_\_\_\_ if yes, please attach a copy of pertinent documents.

Child's First AND MIDDLE Name	Last name if other than family name	Birth date	Grade in 9/2021	School attending 9/2021	Special needs? learning, medical, allergies, emotional etc.

**Emergency contact (during faith formation hours):**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Please call; I ( \_\_\_\_\_ ) am interested in volunteering as a** \_\_\_ Catechist/Substitute \_\_\_ Hall Monitor \_\_\_ Special events/activities