

**Queen of Heaven Youth and Family Ministry**  
**[youthfamilyinfo@gofhchurch.org](mailto:youthfamilyinfo@gofhchurch.org)**  
**716-675-3714**

We are registering for:

(check all that apply)

☐ Traditional Saturday (PK-5)

☐ Family Program (PK-10)

☐ Home Study (PK-10)

☐ VBS (PK-5)

☐ Life Teen (9-12)

☐ Edge (6-8)

☐ Summer Program (6-10)

☐ Confirmation (11 or 12)

**2023-2024 New Family Registration Form**  
**Queen of Heaven Youth & Family Ministry**  
**839 Mill Rd. Rm. 112, West Seneca, NY 14224**  
**Pre-K thru 12<sup>th</sup>**

for office use

fee pd \_\_\_\_\_

amt. \_\_\_\_\_

date \_\_\_\_\_

**Family Name:** \_\_\_\_\_ **Preferred Phone:** \_\_\_\_\_

**Parish registered at:** \_\_\_\_\_

**Mother/Maternal Guardian Information:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Maiden** \_\_\_\_\_ **Last** \_\_\_\_\_

NY

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Religion: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Father/Paternal Guardian Information:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last** \_\_\_\_\_

NY

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Religion: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Marital Status: ☐ Married ☐ Separated/Divorced ☐ Single ☐ Widow/Widower (Optional)

***If there are any situations (births, deaths, illness, family changes, etc.) that would affect your child/children's life that we need to be aware of please tell us in the space below. This information will help us to respond better to his/her/their needs:***

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**STUDENT INFORMATION:**

**Name:** \_\_\_\_\_  
                            **First**                            **MIDDLE** (please)                            **Last**

**Street Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Grade entering in September:** \_\_\_\_\_

**Date of Baptism:** \_\_\_\_\_

**Baptized at\*:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**\*certificate is required if not baptized at Queen of Heaven**

**If applicable:**

**First Reconciliation at:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

Office Use Only:  
**Date enrolled in  
Queen of Heaven  
Faith Formation:**

\_\_\_\_\_  
**Withdrawn:**

\_\_\_\_\_  
**Reason:**

**First Eucharist at:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**School presently attending:** \_\_\_\_\_

**Parish and grade student last attended faith formation classes, if applicable:** \_\_\_\_\_

**Please identify any challenges or special need your child has that it will be helpful for us to know (i.e., allergy, hearing, sight):**

**STUDENT INFORMATION:**

**Name:** \_\_\_\_\_  
                            **First**                            **MIDDLE** (please)                            **Last**

**Street Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Grade entering in September:** \_\_\_\_\_

**Date of Baptism:** \_\_\_\_\_

**Baptized at\*:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

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Office Use Only:  
**Date enrolled in  
Queen of Heaven  
Faith Formation:**

\_\_\_\_\_  
**Withdrawn:**

\_\_\_\_\_  
**Reason:**

**First Eucharist at:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**School presently attending:** \_\_\_\_\_

**Parish and grade student last attended faith formation classes, if applicable:** \_\_\_\_\_

**Please identify any challenges or special need your child has that it will be helpful for us to know (i.e., allergy, hearing, sight):**

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The fees for this year are as follows:

- 1 child in Family, Saturday, LifeTeen, Edge, Confirmation, or Home Study Program: \$75
- 2 children in Family, Saturday, LifeTeen, Edge, Confirmation, or Home Study Program: \$110
- 3 children in Family, Saturday, LifeTeen, Edge, Confirmation, or Home Study Program: \$135
- Summer Program - per student: \$65
- Vacation Bible School - per student: \$30