

OLQPSTM Faith Formation Registration - 2019-2020

Family Last Name _____ Address _____ Zip _____ Parish^ _____

Primary Phone _____ cell / home / work Primary Email _____

Mother's name _____ e-mail _____ Phone (s) _____

Father's name _____ e-mail _____ Phone (s) _____

Other phone(s) _____ cell / home / work Other Email(s) _____

Child First Name (and last if different)	DOB	Fall School and Grade	Faith Formation & Youth Ministry (\$40)		Sacramental Prep (\$25)^			VBS (\$25) Attend or help
			Tuesday eve 6-7:15PM Grades K -5	Sunday eve Grades 6-8, 9-12	First Reconciliation (Grade 2+)	First Eucharist (Grade 2+)	Confirmation (Grade 8+) Yr 1 Yr 2	

^ Sacramental prep should be done at the Parish of Registry (or with Pastor permission at another parish.)

BAPTISMAL RECORD – If you have a child registering for the first time in our program, please return a copy of the child’s baptismal record, unless child was baptized at ____ Our Lady Queen of Peace or ____ St Thomas More.

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MATERIAL FEES - *We welcome cash or checks payable to Our Lady Queen of Peace. If fees are a financial hardship, please let us know.*

- **Sacramental Prep Materials:** \$25 for First Reconciliation, First Eucharist, Confirmation Year 1, Confirmation Year 2
- **Faith Formation/Youth Ministry Materials:** \$40 per student
- **Vacation Bible School:** \$25 per child entering K-5 (no fee for helpers entering 6-12)

ADDITIONAL RESOURCES – Would you like a children’s or youth catechism? ___Children ___YouCAT [add \$14]

Would you like Bibles? ___Children’s – Grades 2-5 ___Breakthrough Grades 6-8 ___Youth grades 9-12 [add \$23 soft cover, \$30 hardcover]

SPECIAL NEEDS/MEDICATIONS Are there any special needs that we should be aware of? How can we best support your child(ren)?

Family Physician _____ **Phone #** _____

Health Insurance Co _____ **Policy #** _____

Who should be notified in case of emergency if parent cannot be reached? Name _____ **Phone #** _____

Is there anyone to whom your child may not be released? Name/relationship _____

In signing this health form, I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical and other emergency purposes only, and for the release of medical records to an attending physician in case of illness. In case of medical emergency I understand that every effort will be made to contact the parents or guardian. In the event that I cannot be reached, I hereby give permission to the physician selected to secure proper treatment for my child named herein.

I give permission for the use of photos and/or videos without identifying names in our parish bulletin, newsletters, website and social media.

Signature of parent/guardian: _____ **Phone #:** _____ **Date:** _____