

# Queen of the Holy Rosary-Wea

School of Religion (SOR) and Catechesis of the Good Shepherd (CGS)

*Registration Form 2020-2021*

**Print and complete form; return to Church Office with payment.**

Family Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Registered Parish \_\_\_\_\_

Father's Name \_\_\_\_\_

Religion \_\_\_\_\_

Father's E-mail \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Religion \_\_\_\_\_

Mother's E-mail \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Child/Children live(s) with:  Both Parents  Mother  Father  Grandparents  Other \_\_\_\_\_

May we use your child's picture for publicity?  Yes  No

If enrolling your child in Catechesis of the Good Shepherd Level I (3-6 years), please **write CGS in the Grade box below.**

Child's Full Name			D/O/B	Grade (Entering Aug. 2020)	Gender M/F	Baptism Yes/No	1st Reconciliation Yes/No	1st Communion Yes/No
First	Middle	Last						

Were all children baptized Catholic?  Yes  No If No, what denomination (Methodist, Lutheran, Baptist, etc.)

\_\_\_\_\_

Do any of the children who are enrolling have any disabilities or difficulties in learning?  Yes  No

If yes, please give the child's name and how we may help: \_\_\_\_\_

\_\_\_\_\_

## Medical Information & Release Form

Child's Name: _____	
Doctor's Name: _____	Phone: _____
Please list any special medical information for your child (for example, any medications, special needs or education required). _____	
List any allergies: _____	

Child's Name: _____	
Doctor's Name: _____	Phone: _____
Please list any special medical information for your child (for example, any medications, special needs or education required). _____	
List any allergies: _____	

Child's Name: _____	
Doctor's Name: _____	Phone: _____
Please list any special medical information for your child (for example, any medications, special needs or education required). _____	
List any allergies: _____	

Child's Name: _____	
Doctor's Name: _____	Phone: _____
Please list any special medical information for your child (for example, any medications, special needs or education required). _____	
List any allergies: _____	

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. I fully understand that students are to abide by all rules and regulations governing conduct and safety while attending the Queen of the Holy Rosary School of Religion Program and related activities. Any violation of these rules and regulations may result in that individual being sent home.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Policy Number

**Emergency Contact Information** – Please provide the name of 2 adults who live in the area (other than a parent living in the home with the child) that may be contacted if we are unable to reach you.

In the case of an emergency my child/children may be released to:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Fees 2020-2021**

**For all students:**

CGS or K- 8<sup>th</sup>

\$ 50.00 1 child \$ \_\_\_\_\_  
 \$ 90.00 2 or more \$ \_\_\_\_\_

**Sacrament years add:** 2<sup>nd</sup> grade – 1<sup>st</sup> Reconciliation & 1<sup>st</sup> Communion..... \$25.00 x \_\_\_\_\_ children \$ \_\_\_\_\_  
 7<sup>th</sup> grade – Confirmation ..... \$30.00 x \_\_\_\_\_ children \$ \_\_\_\_\_  
**TOTAL \$ \_\_\_\_\_**

**Fee Payment** – please check one below:

- I can pay the entire enrollment fee now, since textbooks & supplies will be purchased immediately.
- I will need to discuss a payment plan.

**Please**

- **Return this form to the Church office along with**
- **Baptismal certificate(s), if not on file**
- **Check to: Queen of the Holy Rosary -Wea (QHR-Wea)**