

Queen of Heaven Parish PSR 2020-2021
Please return this form completed with your tuition payment.

Please select one option:

In-Person Catechesis

Virtual/At Home Catechesis

Family Information: Please Print

Father's Name (First & Last)	E-Mail	Phone

Mother's Name (First & Last)	E-Mail	Phone

Is your family registered at Queen of Heaven? Yes No If no, what parish? _____

Child Information: Please Print (attach an additional sheet if needed)

Last Name:	First Name:	Birth Date	Lives with	Gender M/F	Grade 20/21	Baptized Y/N	First Communion Y/N

Street Address: _____

City: _____

Zip Code: _____

Complete ONLY for Students making 1st Reconciliation and 1st Communion: Please Print

Name	Location of Baptism	Copy Enclosed

Please include a **COPY** of your child's Baptismal certificate with this registration form if they were NOT baptized at Queen of Heaven.

Medical Information: Name of child and allergy, medications, special needs, etc:

Emergency Contact(s): _____

In the event of an accident or serious medical illness requiring medical attention 9-1-1 will be called. PSR staff will then attempt to contact the mother or father. Failing this, an attempt will be made to contact the emergency contacts.

Preferred Hospital: _____ Physician Name: _____

Photo Release:

I (We) the parent(s) and or guardian(s) of the children listed on this form do hereby consent and authorize the use of any and all photographs taken at Queen of Heaven Parish and events to be used on our website, bulletin boards, publicity or parish archives.

I **DO** consent: _____ Date: _____
Parent and/or Guardian Signature

I **DO NOT** consent: _____ Date: _____
Parent and/or Guardian Signature

Tuition Information:

All fees are due at the time of registration—Sacramental fees for those making First Communion are in addition to the registration fee.

	# of Children		Total (# of Children x Fee)
PreK-8 th Grade			
First Communion			
		TOTAL	

*All parish children are welcome to participate in our Parish School of Religion. Please be in touch with PSR or Parish Office if financial burdens require special consideration.

You may drop this Registration Form along with payment in the offering basket at Mass, at the parish office or mail to:

Queen of Heaven
ATTN: PSR Office
1800 Steese Rd
Uniontown, OH 44685

Signature of Parent/Guardian: _____ Date: _____

Office Use Only:	Amount Paid: _____
	Cash: _____
	Check #: _____
	Date Received: _____