



Our Lady Queen of Martyrs
 Seekonk, Ma
 Office for Faith Formation
 2020-2021

Student Information: Child's Name:

First _____ Last _____ Date of

Birthdate: _____ Sex _____ M _____ F

Last level completed in Religious Education _____

For all NEW and Grade One students please fill out the information below:

Has your child received the following Sacraments:

Baptism: No _____ Yes _____ Church/Date _____

First Penance (Reconciliation): No _____ Yes _____ Church _____

First Eucharist: No _____ Yes _____ Church _____

Please attach Baptismal Certificate if your child was not baptized here at OLQM.

Family Information:

Mother's Name: First: _____ Last: _____

Mother's Maiden Name: _____

Father's Name: First: _____ Last: _____

Legal Guardian: First: _____ Last: _____

Does your child live with (**please circle**): Both Parents Mother Father Other: _____

Home Address of the child: _____

EMAIL address: _____

Home Phone Number: _____

Mother cell _____ Father cell: _____

Are there parental custody/visitation restrictions we should be aware of: No _____ Yes _____

Emergency Contact Person _____

Phone: _____

Does your child have any physical, social, or learning disability needs that we should be aware of:

**** All information is kept confidential**

Does your child have any food or other allergies? _____

Registered Member(s) of Our Lady Queen of Martyrs Yes _____ No _____

Would you like to volunteer as a Faith Formation teacher or aid? Yes _____ No _____

Cynthia Gamache Coordinator Grades 1-6
 Eric Queenan Confirmation Coordinator
 Faith Formation Telephone

cgamache@olqmff.comcastbiz.net
Cord@olqmff.comcastbiz.net
 508-399-7534