OUR LADY QUEEN OF PEACE 2024/2025 RELIGIOUS EDUCATION REGISTRATION

SUNDAYS 9:10AM - 10:30AM

FAMILY INFORMATION	1	
Parent/Guardian Name: (Firs	t and Last)	
Relationship to Child/ren:		
Mailing Address:		
Family Cell Phone:	Home Phone:	
EMERGENCY CONTACT	7	
Name:	_	
Phone Number:		
FLOCKNOTE		
	regarding inclement weather, closings, and classroo	om happenings will be sent via
	P. Please indicate the cell phone and/or email whe	•
Cell Phone:	Email:	,
PHOTO RELEASE		
Your child may be photograp	hed during the Religious Education year. Please ch	neck the appropriate box
, , , = ,	permission to use your child's photo on QOP Faceb	• • •
	ut your child will ever be posted anywhere on eithe	
,	¬ · · · · · · · · · · · · · · · · · · ·	o, may not be photographed
<u> </u>	1 res) may be photographed	o, may not be photographed
RELIGIOUS EDUCATION FEES		
	nt Year - Grade 2 (First Holy Communion) & Grad	e 8 (Confirmation)
	ment Year Grades K, 1, 3, 4, 5, 6, 7	c o (commutation)
NO FEE for Grades 9 - 12	Henc rear Grades K, 1, 3, 4, 5, 0, 7	TOTAL FEE PAID:
NOTEL TOLOTIQUES 9 - 12	DAAVIDALIDA GARALLY EEE, 6300 00	
CACILICIECU DAVADIETO O	MAXIMUM FAMILY FEE: \$200.00	CASH/CHECK:
CASH/CHECK PAYABLE TO QU	JEEN OF PEACE/ONLINE GIVING (VISIT WEBSITE)	ONLINE GIVING:
		DATE:

ENTER CHILD/REN INFORMATION ON OPPOSITE SIDE

STUDENT:					
FIRST NAME	LAST NAME	BIRTHDATE	GENDER M/F	GRADE	SCHOOL
CIRCLE SACRAMENTS	YOUR CHILD RECEIVED:	BAPTISM	PENANCE	COMMUNION	CONFIRMATION
SPECIAL NEEDS/CUST	TODY/MEDICAL/TRANSPOR	TATION:			
ALLERGIE	S:				

LAST NAME	BIRTHDATE	GENDER M/F	GRADE	SCHOOL
S YOUR CHILD RECEIVED:	BAPTISM	PENANCE	COMMUNION	CONFIRMATION
e CHURCH, CITY, STATE)				
TODY/MEDICAL/TRANSPOR	TATION:			
:S:				
	S YOUR CHILD RECEIVED: te CHURCH, CITY, STATE)	S YOUR CHILD RECEIVED: BAPTISM se CHURCH, CITY, STATE) TODY/MEDICAL/TRANSPORTATION:	S YOUR CHILD RECEIVED: BAPTISM PENANCE e CHURCH, CITY, STATE) TODY/MEDICAL/TRANSPORTATION:	S YOUR CHILD RECEIVED: BAPTISM PENANCE COMMUNION re CHURCH, CITY, STATE) TODY/MEDICAL/TRANSPORTATION:

FIRST NAME	LAST NAME	BIRTHDATE	GENDER M/F	GRADE	SCHOOL
	S YOUR CHILD RECEIVED: te CHURCH, CITY, STATE)	BAPTISM	PENANCE	COMMUNION	CONFIRMATION
SPECIAL NEEDS/CUS ALLERGI	STODY/MEDICAL/TRANSPOR	TATION:			