

Queen of Heaven Parish
2011-2012 Religious Education Registration Form

FAMILY INFORMATION

Mother's Name:	Father's Name:
Home Phone #:	Home Phone:
Work #: Cell #:	Work #: Cell #:
Email: <small>(main form of communication)</small>	Email: <small>(main form of communication)</small>
Street:	City: Zip:
Child lives with: Mom Dad Both Parents Other <small>(Please circle appropriate response)</small>	Address if different:

Are you a registered member of Queen of Heaven Church? YES NO
(Please circle appropriate response)

CHILD INFORMATION

Check all that apply per child

Child's Last Name	First Name	Gender (M / F)	Grade	Birth Date	PSR PreK-5th	PSR 6th, 7th, 8th	Life Teen	Con- firmation	1st Comm	Allergies, Medical Conditions, Special Needs <small>(Please attach additional sheet, if needed)</small>

*Please contact the PSR Office if your child has not received their sacraments as scheduled.

EMERGENCY CONTACTS

Mom's Cell Phone #:
Dad's Cell Phone #:

Please list two nearby relatives or friends who will assume temporary care of your child if you cannot be reached:

Primary Contact	Name:
	Phone:
	Relationship:
Secondary Contact	Name:
	Phone:
	Relationship:

In case of accident or serious illness, I request the PSR Office to contact me. If unable to reach me, a staff member will call 911.

Primary Care Physician Name:
Hospital of Choice:
Signature of Parent/ Guardian:
Date:

TUITION AND PAYMENT INFO

PSR PreK-8th grade	\$40 x _____	=	\$ _____
Life Teen	\$25 x _____	=	\$ _____
1st Communion	\$25 x _____	=	\$ _____
Confirmation	\$20 x _____	=	\$ _____
Sub Total _____		→	\$ _____
Less \$10 each child if registered by August 20th (PSR ONLY)	-\$10 x _____	=	-\$ _____
Less \$5 for volunteering to help with Life Teen and/or God Squad (circle)	-\$5		-\$ _____
Grand Total _____		→	\$ _____

Please make checks payable to Queen of Heaven

All Queen of Heaven children and youth are welcomed to participate in our faith formation programs. Please contact the PSR Office if tuition is a financial burden to your family.

Please return completed forms and payment to the PSR Office, parish office or mail:

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

OFFICE USE ONLY	
Parishioner Status Verified	_____
Date Tuition Paid	_____
Check Number	_____
PSR Grade	_____
PSR Class Assignment	_____