

**RE-REGISTRATION  
ONLY**

**Queen of Heaven Youth and Family Ministry**

**839 Mill Rd. West Seneca NY 14224 716-675-3714**

**www.qofhchurch.org**

**We are re-registering for (check all that apply):**

**2018-2019**

- Traditional Program (Grades PK/K-5)
- Family Program (Grades PK-10)
- Home Study (Gr. K-10)
- Life Teen (Grades 9 – 12)
- Confirmation (grade 11)
- Edge (grades 6-8)
- Summer Program (grades 6-10)

**TODAY'S DATE:** \_\_\_\_\_

Office use:

Payment: \$\_\_\_\_\_ cash \$\_\_\_\_\_ check # \_\_\_\_\_  
date \_\_\_\_\_ Initial \_\_\_\_\_

**DEADLINE to turn in the form of student**

**information via email or phone: May 31, 2018 after which a \$15 late fee applies**

**please make checks payable to Queen of Heaven Faith Formation \*payment is not needed to register;**

**\*Late fee only applies to the form, not the payment.**

Family Name(s): \_\_\_\_\_ Home phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_ Work Phone# \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_ email: \_\_\_\_\_

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

Mother's maiden name \_\_\_\_\_

Are there any custody arrangements we need to be aware of? \_\_\_\_\_ if yes, please attach a copy of pertinent documents.

Child's First and <b>Middle</b> Name	Last name if other than family name	Birth date	Grade in <b>9/2018</b>	School attending <b>in 9/2018</b>	Special needs? (learning, medical, allergies, emotional etc.)

Emergency contact (during faith formation hours):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

**Please call; I ( \_\_\_\_\_ ) am interested in volunteering as a** \_\_\_ Catechist \_\_\_ Catechist Asst. \_\_\_ Office Help \_\_\_ Special Events Help  
(Name)