

# RE-REGISTRATION

## Queen of Heaven Faith Formation

**ONLY**

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

www.qofhchurch.org

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

**2017-2018**

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

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

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

**information via email/call: May 22, 2017 after which a \$15 late fee applies**

**please make checks payable to Queen of Heaven Faith Formation**

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

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>9/2017</b>	School attending <b>in 9/2017</b>	Special needs? <small>(learning, medical, allergies, food allergies, etc.)</small>

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) \_\_\_\_\_ Hall Monitor \_\_\_\_\_ Bulletin Boards