Payment of all fees is expected when registering.

OUR LADY QUEEN OF THE APOSTLES

2017-18 Parish Religious Education Program
Family Registration Form

ENVELOPE NO. _____ **DATE _____**

Please Print Clearly

Family Name _____ **Home Phone _____** **Work Phone_____**

Cell Phone No. _____

Address _____

Valid E-mail Address: _____

Parent/Guardian Name(s) (place an * by the number that is best to reach you)

MR/MRS/MS _____Work No. _____ Cell No. _____

MR/MRS/MS _____Work No. _____ Cell No. _____

Alternate Contact Person:

Name _____ Home Phone _____Work or Cell No. _____

Child's Name Last, First	Previously Registered In PREP Yes/No	DOB	PREP Grade Entering in Fall, 2017	Sex M/F	Name of School Attending	Attends Mass Weekly Yes/No	Baptized Yes/No	1st Holy Communion Yes/No

Registration Fees

1 Child	$ 270
2 Children	$ 295
3 or more Children	$ 315

Additional Sacramental Fees (in addition to the Registration Fee)

First Holy Communion	$ 35
Confirmation	$100

You will receive a credit for $200 or 100% of your offertory contributions, whichever is less from 6/1/16 through 6/31/17.
All fees are due at the time of registration, or a payment plan can be set up through the parish's Online Giving Program.

OFFICE USE ONLY

DATE OF REGISTRATION _____
PAYMENT: (Cash) _____ (Check) #_____ (C.C.) _____ Amount _____

Class Placement **Name/*Grade/Day/Time***

Child #1 _____ Child #2 _____

Child #3 _____ Child #4 _____

OVER

REQUIREMENTS AND GUIDELINES

1. Baptismal Certificates are **required for all new students** at the time of registration.

2. All students involved in either of the 2-year Sacramental prep years for First Communion or Confirmation, are permitted **no more than 3 absences** in one school year. Students may make up the missed class on any other day during that same week, by e-mailing or calling Ms. Rosemary.

3. A yearly calendar of classes will be given to the students during the first week of classes.

4. Registration Fees are **non-refundable** and **payable at time of registration**. (In case of financial hardship, please contact Rosemary in the PREP Office.)

5. All students need to be **dropped off on time for class and picked up promptly**. If not able to do this, please make other arrangements.

I have read, understand, and agree to the requirements listed above, and grant permission for my child to attend OLQA Parish Religious Education Classes.

_____

Parent/Guardian Signature Date

EMERGENCY INFORMATION

This information must be filled out completely by the Parent/Guardian
While your child is in our care, it is important for us to have the following information:
PLEASE PRINT CLEARLY

In the event we cannot reach you, whom should we contact?

NAME _____ RELATIONSHIP _____

PHONE _____ ALTERNATE PHONE _____

Please list any condition, disability, or medical information that we should be aware of regarding any of your children.

_____
_____

Is your child taking medication? _____YES _____NO

IF YES, which child? _____ What medication? _____

If we are unable to contact you or the person you designated as an emergency contact, do you give us your authorization to provide appropriate medical action should your child require it while attending Religious Education classes?

_____YES _____NO

IF YES, to which hospital do you prefer your child be taken to: _____

Name of Doctor: _____ Phone _____

_____

Parent/Guardian Signature Date