

**Mary Queen of Heaven Parish
Religious Education
Re -Registration Form
Year 2019 - 2020**

Office Use Only	
Grade in School:	
Grade in Rel. Ed.:	
Class No:	
Sacraments:	

Student: _____ Male _____ Female _____
(First Name) (Last Name) (Date of Birth)

Mailing: _____
(Address) (City) (Zip)

Father: _____
(Last Name) (First Name) (Home Phone) (Cell Phone) (e-mail) (Religion)

Mother: _____
(Last Name) (First Name) (Maiden Name) (Home Phone) (Cell Phone) (e-mail) (Religion)

Guardian (if different than parent) _____
(Name) (Relationship) (Phone Number) (Religion)

Emergency Contact: _____
(Name) (Relationship) (Phone Number)

Child's School: _____
(Name or Number) (Address) (City) (Zip)

Baptism: Church _____
(Name) (Address) (City) (Zip) (Date)

First Communion: _____
(Church) (Date)

Language spoken at home: _____ Any medical information we need to know about _____

Registration Fee
1 Child \$150.00 2 Children \$200.00 3 Children \$250.00
 Registration Fee Amount Paid \$ _____
 Church Envelope Number: _____