Our Lady Queen of Peace Parish School of Religion Program

PLEASE PRINT ALL INFORMATION

Parents Information *(must be the parent that appears on the baptism certificate)*

Father _____ **Religion** _____

Phone Number _____ **Cell Number** _____

Circle one Married Single Divorced Widowed

Mother _____ **Religion** _____

Mother's Maiden Name _____

Circle one Married Single Divorced Widowed

Phone Number _____ **Cell Number** _____

Address _____

City _____ **Zip Code** _____

Child(ren) live with
Circle one Both Parents Father Mother Other _____

Emergency Contact other than Parent

Name	Relationship	Phone Number

When registering for the first time a copy of the child's Baptism Certificate is needed. Payment is due at time of registration. All fees are non-refundable. There is a $25.00 charge on NSF checks. Make checks payable to Our Lady Queen of Peace Catholic Church.

Please list any special medical and/or educational condition of each child.
Examples: allergies to medication and/or any food, diabetic, asthma, seizures, ADD, ADHD, handicaps, etc.

Child's Name	Special medical and/or educational condition

List all children to be registered.			Baptism Information			First Communion
First, Middle and Last Name	Male or Female	Date and place of Birth	Name of Church	Date 00/00/0000	City, State	*Only write yes, if no leave empty*

FOR OFFICE USE ONLY **Fee Payment**

Year	Amount	Check #	Cash	Receipt #	Comments

Student Name	Pre-Communion	First Communion	8 / 9	10 / 11	12 / 13	Level I	Level II	Level III