

**2023-2024 FAITH FORMATION REGISTRATION FORM (page 1)**

Family Last Name \_\_\_\_\_

Submit one registration form and check per family. **Questions?** Contact Lisa Haas at 231-4600

**Fees per student:** Religious Ed Grades 1-6: **\$75 /year**  Scholarship Requested  
 Youth Ministry Grades 7 & 8: **\$75 /year**  
 Youth Ministry Grades 9-12 (includes Confirmation Prep): **\$150 /one-time fee**

**For Office Use Only:**  
 Registration Date: \_\_\_\_\_  
 Payment Type: \_\_\_\_\_  
 Amt. Received: \_\_\_\_\_

*\* Pictures taken during the year for the promotion of our religious education programs will be used unless otherwise directed in writing by a parent or guardian at the beginning of each school year.*

GRADE	STUDENT'S NAME (First & Last Names)	√ Home Study	M/F	BIRTH DATE	\$ FEES	SCHOOL	√ SACRAMENTS RECEIVED			
							Baptism	Reconcl.	Eucharist	Confirm.
RE Grade 1										
RE Grade 2										
RE Grade 3										
RE Grade 4										
RE Grade 5										
RE Grade 6										
YM Grade 7										
YM Grade 8										
YM Grade 9										
YM Grade 10										
YM Grade 11										
YM Grade 12										
<b>TOTAL FEES:</b>					\$					

# 2023-2024 FAITH FORMATION REGISTRATION FORM (page 2)

Registered members of Queen of Peace Parish? \_\_\_ Yes \_\_\_ No

Current Parish of Membership: \_\_\_\_\_

**RE** (Religious Ed) is our faith formation program for Grades 1-6  
**YM** (Youth Ministry) is our faith formation program for Grades 7-12

<b>Family Contact Information</b>	<b>Family Last Name:</b> _____
<b>Mother:</b> _____	<b>Father:</b> _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Occupation: _____	Occupation: _____
Religion: _____	Religion: _____

**For ALL Parents:**

**SPECIAL CONCERNS/NEEDS:**  
Please let us know of any physical limitations, learning challenges, allergies and/or family circumstances (i.e., recent separation, divorce, death or illness). This information will be kept confidential.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Physician:</b> _____	Phone: _____
<b>Clinic/Hospital:</b> _____	Phone: _____
Health Insurance Carrier (optional) _____	Policy or Group # (optional) _____
Medical Liability Release Statement: In the event that neither parent nor emergency contact can be reached, I give permission for an adult member of Our Lady Queen of Peace Faith Formation staff/volunteer corps to administer necessary first aid and/or transport my child(ren) (by ambulance if necessary) to the above mentioned clinic or associated hospital for medical care and treatments as deemed appropriate. I will not hold Our Lady Queen of Peace Catholic Parish, the Diocese of Madison, or any staff/volunteer liable for any injuries my child(ren) may incur while participating in this supervised program.	
Parent Signature: _____	Date: _____

**High School Youth Ministry:**  
Please indicate student's name and e-mail address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Additional Emergency Contact (other than Parents):</b>	___ Mailings should also be sent to this address
Name _____	Phone Number(s) _____
Address _____	City _____ Zip _____