

2021-2022 RELIGIOUS EDUCATION STUDENT REGISTRATION (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** In-Person Instruction
 Scholarship Needed Youth Ministry Grades 7 & 8: **\$75 /year** Home Instruction
 High School Grades 9-12 (includes Confirmation Prep): **\$150 /one-time fee**

For Office Use Only:
 Registration Date: _____
 Payment Type: _____

** Pictures taken during the year for the promotion of our faith formation 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 Name	M/F	BIRTH DATE	\$ FEES	SCHOOL	√ SACRAMENTS RECEIVED			
						Baptism	Reconcil.	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									
See Other Side YM Grade 9									
YM Gr 10-12									
TOTAL FEES:				\$					

2021-2022 RELIGIOUS EDUCATION STUDENT REGISTRATION (page 2)

Registered members of Queen of Peace Parish? ____ Yes / No

If 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

Family Contact Information	Family Last Name: _____
Mother: _____	Father: _____
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 (recent separation, divorce, death or illness). This will be kept confidential.

Physician: _____	Phone: _____
Clinic/Hospital: _____	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 Catholic Parish Religious Education 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: _____

Youth Ministry Grade 9:

Would you like to participate In-Person or Virtually?

____ In-Person (9:30-11:00am) (BLUE)
Before the 11:15am Mass

____ In-Person (12:30-2:00pm) (WHITE)
After the 11:15am Mass

____ Virtually (2:30-4:00pm)

Additional Emergency Contact (other than Parent): _____	____ Mailings should also be sent to this address
Name /Relationship _____	Phone Number(s) _____
Address _____	City _____ Zip _____