

**Queen of All Saints Parish Faith Formation
School of Religion Registration Form**

Student's Name: _____ Age: _____
Date of Birth: _____ Grade/High School Level: _____
School Name/City: _____
Class size: _____
Last Completed Faith Formation Year? 20_____ to 20_____
How many years of faith formation your child has completed? _____
Does your child have IEP? _____ (We may request a copy).

Extracurricular Activities

Is your child a member of the following:
QAS Parish Altar Server: _____ QAS Children's Choir _____ QAS Teen Group _____
Other _____

Talents/Interests:

Additional Important Learning/Classroom Notes That We Need To Know: For example: My child works/learns best when

Or My child needs help with _____

Parent's/Guardian's Name: _____
Relationship: _____ Religion: _____
Phone Number: _____ Best Time To Call: _____
Address: _____
Email: _____
Preferred way of communication: Email _____ Call _____ Text _____
In case of emergency we may call you.

Parent's/Guardian's Name: _____
Relationship: _____ Religion: _____
Phone Number: _____ Best Time To Call: _____
Address: _____
Email: _____
Preferred way of communication: Email _____ Call _____ Text _____
In case of emergency we may call you.

Lives with both parents? _____ Important Custody Note: _____

Does your child have any illness or allergies or take any medication? If yes, please explain: Or attach additional note/document:

Emergency Contact Information Other Than The Parents:

Name: _____

Relationship to the Student: _____ Phone Number: _____

Registration Fee: \$60 per child and \$25 for each additional child.

Amount Paid: _____ Check # _____ Cash Amount _____ Balance Due _____

Date Paid: _____

OFFICE USE ONLY

Certificates Received/On File: Baptism____ First Communion ____ Confirmation _____

Baptismal Date: _____

Church: _____

Address: _____

First Communion Date: _____

Church: _____

Address: _____

Confirmation Date: _____

Church: _____

Address: _____