

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

**Student's Name:** \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade/High School: \_\_\_\_\_  
School Name and City: \_\_\_\_\_  
Class Size/Student Teacher ratio: \_\_\_\_\_  
Does your child have IEP? (We may request for a copy with your permission)  
Last Completed Faith Formation Year: 20 \_\_\_\_\_ to 20 \_\_\_\_\_  
How many years of faith formation or parish religious education did your child complete? \_\_\_\_\_

**Extracurricular Activities:**

Is your child a member of the following: QAS Altar Server \_\_\_\_\_ QAS Teen Group \_\_\_\_\_

Talents/Interests:

**Additional Important Learning/Classroom Notes That We Need To Know:** For example:

Indicate - My child works or learns best when

Or my child needs help with

**Parent's/Legal Guardian's First and Last Name:** \_\_\_\_\_

Relationship to the student: \_\_\_\_\_ Religion: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Best Time To Call: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Preferred Way Of Communication:** Email \_\_\_\_ Call \_\_\_\_ Text \_\_\_\_

**In case of an emergency we may call you.**

**Parent's/Legal Guardian's First and Last Name:** \_\_\_\_\_

Relationship to the student: \_\_\_\_\_ Religion: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Best Time To Call: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Preferred Way Of Communication:** Email \_\_\_\_ Call \_\_\_\_ Text \_\_\_\_

**In case of an emergency we may call you.**

**Does the student live with both parents listed here?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Important Custody Note That We Need To**

**Know:** \_\_\_\_\_

**Allergies and Other Important Health Information That We Need To Know:**

Please note: You may need to submit a completed DOH Student Health Form or Doctor's Notes.  
We do not have nor administer any medication nor epinephrine. In case of an emergency, we may

call 9-1-1.

**Does your child have any allergies or illness or take any medication?** If yes, please explain and or attach additional notes or documents.

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**Emergency Contact Information Other Than The Parents:**

First and Last Name: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Photo Consent Form**

Please notify us if you see any suspicious activity or misuse of any names, photo or video about your child, and other parish and faith formation related materials anywhere other than what is stated with your permission below.

We may take photos and videos during parish and faith formation related events. Do you give permission for your child's name and photo, and video to be included in publicity releases about parish events in the bulletin, parish website, and local or diocesan newspaper and website, and for faith formation documentation ONLY? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Amount Paid: \_\_\_\_\_ Check# \_\_\_\_\_ Cash Amount Paid: \_\_\_\_\_ Balance Due: \_\_\_\_\_

Date Paid: \_\_\_\_\_

**Sibling/s First and Last Name and Faith Formation Level:**

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**OFFICE USE ONLY**

**Certificates Received/On File:** Baptism \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

Baptismal Date: \_\_\_\_\_

Church: \_\_\_\_\_

Address: \_\_\_\_\_

First Communion Date: \_\_\_\_\_

Church: \_\_\_\_\_

Address: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_

Church: \_\_\_\_\_

Address: \_\_\_\_\_