

We are registering for:
(check all that apply)

- Traditional K-10
- Family Program
- Home Study Gr.1-10
- Life Teen 9-12
- Summer Program 6-10
- Confirmation 11

New Family Registration Form
 Queen of Heaven - Religious Education Office – 716-675-3714
 839 Mill Rd. Rm. 112, West Seneca, NY 14224
Pre-K thru 12th Registration

for office use
fee pd _____
amt. _____
date _____
initial _____

DATE: _____

Family Name _____ Phone _____

Address _____ email: _____

City/Town _____ State _____ Zip Code _____

When sending mail, address to (Please circle):

Mr. & Mrs. Mr. Mrs. Miss Ms. Dr. & Mrs. Mr. & Dr. Other

Mother/Maternal Guardian Information Cell Phone _____

Last _____ First _____ M _____ Maiden _____

Address _____ City _____ St _____ Zip Code _____

Religion: _____ Registered at (Parish) _____

Place of Employment _____ Work Phone _____

Marital Status: __ Married __ Divorced __ Widow/Widower(Optional) __ Single __ Separated

Father/Paternal Guardian Information Cell Phone _____

Last _____ First _____ M _____

Address _____ City _____ St _____ Zip Code _____

Religion: _____ Registered at (Parish) _____

Place of Employment _____ Work Phone _____

Marital Status: __ Married __ Divorced __ Widow/Widower(Optional) __ Single __ Separated

Please indicate in which area you would be willing to volunteer your assistance by initialing below:

_____ Catechist (Grade level _____) _____ Catechist Aide _____ Hall Monitor _____ Special Events

_____ Sacramental Preparation _____ Seasonal Decorator _____ Fund Raisers _____ Office

Are there any situations (births, deaths, illness, family changes, etc.) that would affect your child's life that we need to be aware of? This information will help us to respond better to his/her/their needs.

student information below

Student _____ Phone # _____
 Last First Middle name
 Address _____
 City/Town _____ State _____ Zip Code _____
 Date of Birth _____ Grade _____ as of September
 Baptized at (Parish) _____ City/State _____ Yr. _____

Copy of baptismal certificate is required for our files if not baptized at Queen of Heaven.

First Reconciliation at (Parish) _____ City/State _____ Yr. _____
 First Eucharist at (Parish) _____ City/State _____ Yr. _____

Presently attending which public school _____
 Parish where student last attended religious education classes: _____ Grade _____
 Please identify any disability or special need your child has that may require attention.
 (i.e., food allergy, hearing, sight, etc.) _____

Office Use Only:
 Date enrolled in
 Queen of Heaven
 Religious Education:

 Date Withdrawn

 Reason Withdrawn

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