St. Mary, Our Lady Queen of Families Parish
Religious Formation Registration Form
2026-2027

Family Information

Family Name _____

Child/Children's Name(s):_____

Parent/Legal Guardian's Name _____

Relationship to child(ren) _____

Address:_____ City _____State_____

Zip Code_____ Home _____ Cell _____ Work _____

Email address _____

Parent/Legal Guardian's Name _____

Relationship to child(ren) _____

Address (if different):_____ City _____State_____

Zip Code_____ Home #_____ Cell #_____ Work #_____

Email address _____

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number can be left blank. If more individuals, attach additional sheets.

1. Name _____ #_____
2. Name _____ #_____
3. Name _____ #_____

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. If more individuals, attach additional sheets.

1. Name _____ #_____
2. Name _____ #_____
3. Name _____ #_____

See Reverse Side

Formation Related Information

List below those children who will be attending Religious Formation this year

First Name	Sex	Date of Birth	Grade

Did your child have Religious Formation last year? _____YES _____ NO

If your child had Religious Formation at another parish, name the parish:_____

Parish at which you are registered:_____

____ I understand that my family is expected to actively participate in the Mass each weekend.

A copy of their Baptismal Certificate is required for all students

Sacramental Information

Do you have a child making a sacrament this year? _____YES _____ NO

Please list below all Sacrament information for your children.

First Name	Church of Baptism	First Eucharist at	Confirmation

Office Use Only

TUITION FEE: $100 FOR ONE CHILD, $160 FOR 2 CHILDREN, $180 FOR 3 OR MORE CHILDREN

GRADE 2 &8: ADD AN ADDITIONAL PROJECT/RETREAT FEE OF $50

MAKE CHECKS PAYABLE TO: ST. MARY, OUR LADY QUEEN OF FAMILIES PARISH

AMT PAID_____ DATE_____ BALANCE_____CK NUMBER_____CASH_____

AMT PAID_____ DATE _____ BALANCE_____ CK NUMBER _____ CASH_____

AMT PAID_____ DATE _____ BALANCE_____ CK NUMBER _____ CASH_____

AMT PAID_____ DATE _____ BALANCE_____ CK NUMBER _____ CASH_____

EUCHARIST_____ CONFIRMATION _____

Medical Information

Name of Child (Last, First, Middle Initial) _____

Name of Child's Physician or Health Clinic _____

Physician's or Health Clinic's Phone Number _____

Hospital Preferred for Emergency Treatment (optional) _____

Allergies, Special Needs and Special Instructions (attach additional sheets, if necessary)

_____

_____

_____

_____

Medications (attach additional sheets, if necessary) _____

_____

_____

_____

_____

I authorize the staff of St. Mary, Our Lady Queen of Families to use the information above and to secure emergency medical treatment for the above-named minor child while in care. I acknowledge that it is my responsibility to submit a new form if any of the above information changes.

Date:_____ Signed: _____

Parent/Guardian

Print Name: _____

Media Consent Form

St. Mary, Our Lady Queen of Families Religious Formation program engages in various correspondence and publicity with families, parishioners and other members of the community regarding various aspects of this program. Parents are given the option of authorizing the use of their children's photo with or without names for those purposes, if they so desire.

Please complete the information below indicating your choice of authorization for the use of your child(ren)'s photos.

Parents may cancel this authorization at any time with written notice.

Student's Name	Grade	Date of Birth

Photography Utilization

____ I give my permission for my child(ren) to be photographed for educational; and community relations not-for-profit use, such as parish bulletin, newsletter articles, website, etc.

____ I do not give my permission for my child(ren) to be photographed.

Videography Utilization

____ I give my permission for my child(ren) to be recorded on video for educational; and community relations not-for-profit use, such as parish bulletin, newsletter articles, website, etc.

____ I do not give my permission for my child(ren) to be recorded on video.

Signature:

_____ _____

Signature of Parent or Guardian Printed - Parent or Guardian

_____

Date