

**BLESSED FAMILY 7 Catholic Summer Program 2025-2026**

**[youthfamilyinfo@gofhchurch.org](mailto:youthfamilyinfo@gofhchurch.org)**

**716-675-3714**

We are registering for:

\_\_\_ Summer Program (gr 6-10)

For all other students attending classes during the upcoming school year please register with your parish formation program.

**BLESSED FAMILY 7**  
**2025-2026 SUMMER PROGRAM**  
**REGISTRATION**  
**For Grades 6<sup>th</sup> thru 10<sup>th</sup>**

**Send to:**  
**Queen of Heaven Faith Formation Program**  
**839 Mill Rd., West Seneca, NY 14224**

For office use  
Reg Rec'd \_\_\_  
Fee \_\_\_  
Amt. Pd \_\_\_  
Date rec'd \_\_\_  
Ck# \_\_\_  
Cash \_\_\_  
Bal \_\_\_  
Initial \_\_\_

**TODAY'S DATE:** \_\_\_\_\_

**Family Name:** \_\_\_\_\_ **Emergency Contact & Phone:** \_\_\_\_\_

**Parish registered at:** \_\_\_\_\_

**Mother/Maternal Guardian Information:** \_\_\_\_\_ **C/H Phone:** \_\_\_\_\_

\_\_\_\_\_  
**First** **Maiden** **Last**

\_\_\_\_\_  
**Address** **City** **State** **Zip**

**Religion:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Father/Paternal Guardian Information:** \_\_\_\_\_ **C/H Phone:** \_\_\_\_\_

\_\_\_\_\_  
**First** **Last**

\_\_\_\_\_  
**Address** **City** **State** **Zip**

**Religion:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Marital Status:** \_\_\_ Married \_\_\_ Separated/Divorced \_\_\_ Single \_\_\_ Widow/Widower (Optional)

*If there are any situations (births, deaths, custody, illness, family changes, documents, etc.) that would affect your child/children's life that we need to be aware of please tell us in the space below or last page. This information will help us to respond better to his/her/their needs:*

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**716-675-3714**

**STUDENT INFORMATION:**

Name: \_\_\_\_\_  
                    **First**                    **MIDDLE** (please print)                    **Last**  
Street Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade entering in September: \_\_\_\_\_  
Date of Baptism: \_\_\_\_\_  
Baptized at: \_\_\_\_\_ City/State: \_\_\_\_\_

Office Use Only:  
**Date Withdrawn  
from Summer  
Program:**

**Withdrawn:**

**Reason:**

First Reconciliation at: \_\_\_\_\_ City/State: \_\_\_\_\_ Year: \_\_\_\_\_

First Eucharist at: \_\_\_\_\_ City/State: \_\_\_\_\_ Year: \_\_\_\_\_

Presently attending which public school: \_\_\_\_\_

Please identify any challenges or special need your child has that would be helpful for us to know (i.e., allergy, hearing, sight):

+++++

**STUDENT INFORMATION:**

Name: \_\_\_\_\_  
                    **First**                    **MIDDLE** (please print)                    **Last**  
Street Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
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**Emergency contacts (during faith formation hours)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**(1) I understand that attendance for all 5 days is mandatory. (2) I will be sure not to schedule appointments, vacations, day trips, etc. during the days of the program. (3) As a criterion for participation in this program: (a) I understand that regular Mass attendance is expected throughout the year. (b) My child will perform at least five hours of service; and (c) My child will need to attend two more scheduled activities during the year. (4) I also understand that if my child behaves inappropriately, he or she will be asked to leave the program and will be required to attend classes during the regular school year. There are no refunds for students who are expelled.**

I hereby give my permission for my child to attend and participate fully in all aspects of the Blessed Family 7 Catholic Summer Program. I understand that in the case of an emergency, every effort will be made to contact me. In the event that I cannot be reached, I give permission to emergency personnel to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. I agree to protect, indemnify, and hold blameless the Diocese of Buffalo, Blessed Family 7 Parishes from any loss, cost, damage, or expense arising out of or from any accident or other occurrence on or about the premises where faith formation activities are taking place, causing injury to any person or property.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**TYPED NAME IS DIGITAL SIGNATURE**

Please call me. I am interested in volunteering as a \_\_\_\_ Catechist \_\_\_\_ Catechist Asst. \_\_\_\_ Office Asst.  
\_\_\_\_ Lunch Room Asst.

Once again, this year the Blessed Family 7 Catholic Churches will be holding a Summer Faith Formation Program for **Grades 6 through 10**. This program as well as two other scheduled activities and five hours of approved ministry/service will fulfill the Diocesan requirements for Faith Formation programming for public school students for the 2025-2026 catechetical year. There is a **\$75.00 per student fee (see rates on next page.)** for this program Please read the following over carefully and if it seems that this program would be beneficial to your family, fill out and return the registration form along with your fee to hold your spot. Payment is due, in full, by June 1<sup>st</sup>. Full details about the program will be sent to

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your email before the program begins. Checks made payable to Queen of Heaven Church.

By registering your child(ren) you agree to the following:

- The sessions will be held on **Thursday, June 26<sup>th</sup> to Wednesday, July 2<sup>nd</sup>.**
- Classes begin promptly every day at **9:00 AM.** On **Thursday through Tuesday** classes end at **3:00 PM** and, on **Wednesday, the program ends at 1:30 PM.**
- **Students will need to attend all five days in order to be exempt from classes during the academic school year of 2025-2026.**
- **Please do not plan any field trips, appointments, or other activities during school hours.**
- **If your child is asked to leave the program due to behavior or attendance issues, the registration fee will not be refunded and the student will need to attend formation classes during the academic year in your parish of registration.**
- Each student is required to bring a bag lunch on Wednesday through Monday. **We will provide pizza for lunch on Tuesday. Drink's will be provided each day of the program.**
- Weekly Sunday Mass attendance during the whole year, at least five hours of service, as well as two other parish activities during the school year is a requirement (T.B.D.).

If you have any questions, please contact your Faith Formation Office via email or phone.

14 Holy Helpers at: [religioused@14hh.org](mailto:religioused@14hh.org) or 716-674-2180

Queen of Heaven at: [youthfamilyinfo@qofhchurch.org](mailto:youthfamilyinfo@qofhchurch.org) or 716-675-3714

St Gabriel at: [dyork@stgabeschurch.com](mailto:dyork@stgabeschurch.com) or 716-668-2070

St John Vianney at: [faithformation@sjvop.org](mailto:faithformation@sjvop.org) or 716-674-9133

St John XXIII at: [ohiojen@hotmail.com](mailto:ohiojen@hotmail.com) or 716-823-1090

The fees for this year are as follows:

Please note make checks payable to Queen of Heaven.

1 child in Faith Formation Programs: \$75

2 children in Faith Formation Programs: \$110

3 or more children in Faith Formation Programs: \$135

Vacation Bible School - per student: \$30

**AFTER COMPLETION: Use the "Save As" command and name the file with your Family Last Name i.e.- FamilyName.pdf** 5