Queen of Heaven Faith Formation
youthfamilyinfo@qofhchurch.org
716-675-3714

We are registering for:
(check all that apply)

___Traditional Saturday (PK-5)
___Family Program (PK-10)
___Home Study (PK-10)
___Life Teen (9-12)
___Edge (6-8)
___1st Reconciliation (2nd Gr)
___1st Eucharist (3rd Gr)
___Confirmation (11 or 12 Gr)

2025-26 Faith Formation Registration
Queen of Heaven Youth & Family Ministry
839 Mill Rd. Rm. 112, West Seneca, NY 14224
Pre-K thru 12th

For office use
Reg Rec'd____
Fee _____
Amt. Pd_____
Date rec'd____
Ck# _____
Cash _____
Bal _____
Initial _____

Family Name: _____ Emergency 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:

Please check if interested in volunteering: catechist/substitute or special events ____

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STUDENT INFORMATION:
Name: _____
First **MIDDLE** (please) **Last**
Street Address: _____
City/Town: _____ **Zip:** _____
Date of Birth: _____ **Grade entering in September:** _____
Date of Baptism: _____
Baptized at*: _____ **City/State:** _____
***certificate is required if not baptized at Queen of Heaven**
If applicable:
First Reconciliation at: _____ **City/State:** _____ Date: _____

First Eucharist at: _____ **City/State:** _____ Date: _____

Presently attending which public school: _____

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

Office Use Only:
Date enrolled in Queen of Heaven Faith Formation:
_____
Withdrawn:
_____
Reason:

++

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The fees for this year are as follows:

1 child in Faith Formation Program: $75
2 children in Faith Formation Programs: $110
3 children in Faith Formation Programs: $135