

Mary Queen of Heaven
Faith Formation Program
New Registration and
Re-Registration Form
2021-2022

OFFICE USE ONLY (2021-22 Info.)

Grade in Public School	
Grade in Religious Education	
Class	
Catechist	
Preparing for Sacrament	

*****PLEASE COMPLETE BOTH SIDES OF THIS FORM**

*****PLEASE PRINT**

*****RETURN TO THE RECTORY OFFICE**
1395 East 56th Street Brooklyn, NY 11234

FAMILY PARISH ID# _____

LAST NAME: _____

FIRST NAME: _____

CHECK ONE: MALE _____ FEMALE _____

DATE OF BIRTH: _____

LANGUAGE SPOKEN AT HOME: _____

MEDICAL INFORMATION WE NEED TO BE AWARE OF: _____

NEW STUDENT REGISTRATION --- ONLY

Complete this section ONLY if your child is a first time student in this program

REQUIRED documents at the time of registration

1. Child's Baptismal Certificate
2. Birth Certificate (if not baptized)
3. Transfer papers (if coming from another parish)

Baptism: (Church's Name and Address)

Communion: (Church's Name and Address)

Catechesis Reconciliation Year: _____

RE-REGISTRATION --- ONLY

Complete this section only if your child was already in the program

RELIGIOUS EDUCATION CLASS IN 2020-2021: _____

REGISTRATION FEE:

1 Child-\$150.00 2 Children-\$200.00 3 or more children from the same household-\$250.00

OFFICE USE ONLY Date Paid: _____ Amt Paid : _____
Balance: _____

PRIMARY CONTACT INFORMATION

FIRST & LAST NAME: _____

HOME PHONE: _____

MOBILE PHONE: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

PARENT INFORMATION #1

RELATIONSHIP TO STUDENT: **MOTHER**

MAIDEN NAME: _____

MARRIED NAME: _____

FIRST NAME: _____

CHECK ONE: MARRIED ___ DIVORCED ___ SEPARATED ___ DECEASED ___ RELIGION: _____

PARENT INFORMATION #2

RELATIONSHIP TO STUDENT: **FATHER**

LAST NAME: _____

FIRST NAME: _____

CHECK ONE: MARRIED ___ DIVORCED ___ SEPARATED ___ DECEASED ___ RELIGION: _____

GUARDIAN INFORMATION, IF DIFFERENT FROM PARENT

RELATIONSHIP TO STUDENT: _____

LAST NAME: _____

FIRST NAME: _____

PHONE: _____ RELIGION: _____

EMERGENCY CONTACT INFORMATION

RELATIONSHIP TO STUDENT: _____

LAST NAME: _____

FIRST NAME: _____

PHONE: _____