

First Time Students:
Baptismal Certificate
Required!!

Our Lady Queen of Heaven Parish
Religious Education 2009/10 Registration Form Grades 1-8
 750 10th Ave. South
 Wisconsin Rapids, WI 54495
 715-423-1251
dreduff@yahoo.com

Date of Registration: _____



Family Last Name _____ Home Phone ____ (____) _____

Email _____

Address _____

We are new to the Religious Education Program.
 We are parish members.

Parent Marital Status: Married Single Divorced Separated Widowed Remarried

Parent Name	Religion	Cell Phone	Date of Marriage/Place/City/State		
Father					
Mother					
Maiden Name:					
Emergency Contact Person					
Child's Name (include last name if different)	Birth Date and City/State	Fall of 2009 Grade	Allergies/Medical Problems	Date /Place of Baptism and City/State	Classroom/Catechist

**Our Lady Queen of Heaven Parish
2009-2010 Family Tuition and Fees**

Registration and Sacramental Fee Schedule:

One Child	\$ 70.00
Two Children	130.00
Three or more Children	150.00
First Reconciliation (additional)	10.00
First Communion (additional)	10.00
Confirmation	70.00
Non-Member Fee	100.00
Total Fees Owed	\$ _____

FOR OFFICE USE ONLY!!

Date: _____

Amount Paid: _____

Check #: _____ Cash: _____

Balance: _____

Date: _____

Amount Paid: _____

Check #: _____ Cash: _____

Balance: _____

Date: _____

Amount Paid: _____

Check #: _____

Family Name _____

Child's Name if different _____