

Sept. 12 – Rel. Ed. Orientation, 6:00-7:15pm
 – Grades 1-9, (Parents & Students)
 Confirmation students & parents 7:30
Sept. 19 – Grades 1-10 Classes begin

Our Lady Queen of Heaven Parish
2018-2019 Religious Education Form (Grades 1-10)
 750 10th Avenue South, Wisconsin Rapids, WI 54495 (715) 423-1251
 Email: reoffice@solarus.net

Date of Registration: _____



Family Last Name: _____ Home Phone (____) _____

EMAIL _____

****Most of our communication will be via email, please list an email you check regularly****

Address: _____

City: _____ Zip Code: _____

We are new to the Our Lady Queen of Heaven Religious Education Program.

We are registered parish members.

Please Register By Sept. 4, 2018

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:			

I give permission to the OLOH Religious Education Program to publish, in the parish bulletin or display on the parish bulletin board, pictures of my son/daughter taken during various religious education parish functions. YES _____ NO _____

(Continued on reverse side)

Child's Name (include last name if different)	Birth Date / City & State	Fall of 2018 Grade Level	Allergies/Medical Problems	Date/Place of Baptism City/State of Baptism

Registration & Sacramental Fees:

- 1 Child \$70
- 2 Children \$130
- 3 or More Children \$150

- Non-registered Parishioner -- additional \$50 fee
- Reconciliation/1st Communion Fee (2nd Grade) -- additional \$25 fee
- Confirmation Student Fee (10th Grade) -- additional \$30 fee

 Total Fees Owed \$ _____

Total Fees Paid \$ _____

*If you need financial assistance, please contact the parish office to see what assistance is available.

All 1st Time Students, 2nd Graders, & Confirmation Students who were not baptized at OLQH are required to submit a Baptismal Certificate from the parish that they were baptized at by November 1st.

For Office Use Only!

Date: _____

Amount Paid: _____

Check #: _____ Cash: _____

Balance Remaining: _____

Date: _____

Amount Paid: _____

Check #: _____ Cash: _____

Balance Remaining: _____