



K -12 Faith Formation Registration 2018-2019

Our Lady Queen of Peace, 601 Edgewood Ave., NY 14618

St Thomas More, 2617 East Ave., Rochester, NY 14610

244-3010 or 381-4200 **Contact:** Jennifer Abdalla, secretary at Jennifer.Abdalla@dor.org

Registration Fee:
\$40 per student
Please make checks payable to Our Lady Queen of Peace.

Family name _____ Address _____ Zip _____

Child's last name, if different _____

Mother's name _____ e-mail _____ work # _____ home# _____

Father's name _____ e-mail _____ work # _____ home # _____

*Are you considering preparing for
any of the following sacraments
during 2017-18?*

Name	School Attending	Grade	Birth date			
1. _____	_____	_____	_____	E	R	C
2. _____	_____	_____	_____	E	R	C
3. _____	_____	_____	_____	E	R	C
4. _____	_____	_____	_____	E	R	C

CHOICE OF CLASS TIME - PLEASE CIRCLE YOUR SELECTION

K-5 Faith Formation

Tuesdays 6:00 - 7:15 pm at St. Thomas More

Junior High Faith Formation (grades 6-8)

Bi-weekly Sundays 6:30 - 8:30 pm at Our Lady Queen of Peace

Senior High Youth Group (grades 9-12)

Bi-weekly Sundays 6:30 - 8:30 pm at Our Lady Queen of Peace

SPECIAL NEEDS Does your child have any special needs that we should be aware of? How can we best support your child?

IMPORTANT: If you have a child registering for the first time in the faith formation, please return this form with a copy of the child's baptismal record. *(Please check if he/she was baptized at Our Lady Queen of Peace _____ or St. Thomas More _____. No baptismal certificate is required if this is the case.)*

Family Name _____

FAMILY HEALTH FORM (K-12 GRADES)

Our Lady Queen of Peace/St. Thomas More

Family Physician _____ Phone # _____

Health Insurance Co _____ Policy # _____

Who should be notified in case of emergency if parent cannot be reached?

Name _____ Phone # _____

Are you carpooling? To whom may the child be released when the program is over?

Name	Phone #	relationship
_____	_____	_____
_____	_____	_____

1) Child _____

Please list any allergies or special needs _____

Medication(s) _____

2) Child _____

Please list any allergies or special needs _____

Medication(s) _____

3) Child _____

Please list any allergies or special needs _____

Medication(s) _____

4) Child _____

Please list any allergies or special needs _____

Medication(s) _____

In signing this health form, I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical and other emergency purposes only, and for the release of medical records to an attending physician in case of illness.

In case of medication emergency I understand that every effort will be made to contact the parents or guardian. In the event that I cannot be reached, I hereby give permission to the physician selected to secure proper treatment for my child named herein.

Signature of parent/guardian: _____

Phone #: _____ Date: _____