

Queen of Martyrs Religious Education Generations of Faith: Registration Form 2023-2024

(Please Print)

Family Last Name _____

Mother Maiden (first & last name) _____

Father (first & last name) _____

Religion: (Mother) _____ (Father) _____

Address: _____ City: _____ NY Zip: _____

E-mail(s): _____ CELL Ph: _____

HOME Ph. _____ Mom's WORK Ph. _____ Dad's WORK Ph. _____

Children (please list all children who will be attending Generations of Faith program in the Religious Education program events even if they are below school age)

PLEASE INCLUDE LAST NAME IF DIFFERENT FROM PARENTS

Name	Gender	Birth Date	Grade Entering
_____	M/F	_____	_____
_____	M/F	_____	_____
_____	M/F	_____	_____
_____	M/F	_____	_____

Total # of household members registered _____

Please list any health problems or learning disabilities that your child might have.

Fees:

_____ Family Fee = \$50 (1 or more)

For office use: Total \$ due _____ Amount paid _____ Check # _____

Please complete the reverse side of this form

Faith Event Assistance

I would be willing to help in the following area(s) (check all that apply)

Kitchen & Meal Serving ____ Activity Helper ____ Catechist ____ Volunteer ____

Last Name: _____ First: _____

Address: _____ City: _____ Zip: _____

Best Phone # to Contact you at: _____

E-mail _____

Mail Checks To:

Queen of Martyrs Religious Education

180 George Urban Blvd.

Cheektowaga, NY 14225

895-2162

qmre121@verizon.net