

# Queen of Martyrs Religious Education Generations of Faith: Registration Form 2019-2020

**(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**

| <b>Name</b> | <b>Gender</b> | <b>Birth Date</b> | <b>Grade Entering</b> |
|-------------|---------------|-------------------|-----------------------|
| _____       | 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:**

\_\_\_\_\_ One Student = \$60 Two Students = \$85 Three or more Students = \$100

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

***Please complete the reverse side of this form***

# Faith Event Assistance

**I would be interested in volunteering to assist with a Faith Event** (check all that apply)

Sept. \_\_\_\_ Oct. \_\_\_\_ Nov. \_\_\_\_ Dec. \_\_\_\_ Jan. \_\_\_\_ Feb. \_\_\_\_ March \_\_\_\_ April \_\_\_\_

**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 \_\_\_\_\_

Please indicate if you have a family member to register in one of the following sacramental preparation programs:

Baptism: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Reconciliation: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Eucharist: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Confirmation: \_\_\_\_\_ Name: \_\_\_\_\_ (Grade: 11<sup>th</sup>): \_\_\_\_\_

RCIA: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mail Checks To:

Queen of Martyrs Religious Education

180 George Urban Blvd.

Cheektowaga, NY 14225

895-2162

[qmre121@verizon.net](mailto:qmre121@verizon.net)