

# Queen of Martyrs Religious Education Generations of Faith: Registration Form 2020-2021

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