

Office Use Only
Health Form _____
Fee Paid _____
Date _____
Check # _____

Queen of the Apostles Catholic Church Faith Formation Registration 2008 – 2009

Family Information

Family Name _____ Home Phone _____

email address _____

Father's first name _____ Work Phone _____

email address _____

Company Name _____ Position _____

Mother's first and maiden names _____ Work Phone _____

email address _____

Company Name _____ Position _____

Family Address _____

With whom does child reside? (please circle one) Both parents Mother Father

Names of Children	M/F	Birth Date	School	Grade	Special Needs

Registration Fee: \$30.00 for First Child; \$60.00 for Two Children; \$80.00 for Three or more
(Please note: registration fee can be waived for anyone with financial hardship)