

Queen of the Universe
Children's Liturgy of the Word
Student Registration 2016-2017

Office Use for Payment Info	
Date	
Cash	
Check	

Registration Date: _____

_____ male or female (Circle)
Child's Last Name **Child's First Name**

_____ **Address/Apt#** **City** **State** **Zip**

_____ **Date of Birth** **City of Birth** **State** **Home Phone Number**

_____ **E-mail** **Cell Phone Number**

_____ **School (2016-2017)** **Grade (2016-2017)**

_____ **Child's Age**

Is family currently registered at QU? (Circle One) Yes / No **If No, where?** _____

FAMILY INFORMATION

Parents are: **Married** **Widowed** **Divorced** **Unmarried-Separated**
 Unmarried-Living together

Child lives with: **Both parents** **Father** **Mother** **Joint custody** **Other**

_____ **Father's First and Last Name** **Father's Religion**

_____ **Mother's First and Last Name** **Mother's Religion** **Mother's Maiden Name**

Adult(s) Responsible for Child's Religious Education _____

SACRAMENT INFORMATION			
Sacrament	Church	Date	Address/City/State/Zip
Baptism			

A copy of Baptismal Certificate is required for all new students not Baptized at QU

Other Siblings Registered for CLOW _____ **Name** _____ **Age** _____

REGISTRATION FEE SCHEDULE:

One child: \$40.00 **Two children: \$50.00** **Three or more children: \$60.00**

PERTINENT MEDICAL HISTORY

Please provide any medical information that would help us in planning for your child's religious education, such as allergies, sensory, cognitive, social/emotional issues.

(Explain) _____.

I am interested in volunteering as a teacher (Y/N) **Teachers' Aide: (Y/N)**

Parent/Guardian Signature _____