

**Queen of Peace
P.R.E.P. REGISTRATION
SCHOOL YEAR 2008-2009**

LAST NAME OF CHILDREN LIVING IN HOUSEHOLD: _____ **(family) e-mail:** _____

Head of House's Name: First _____ Last _____ (Maiden) _____

Address _____ Home Phone _____
Street address City State Zip

Occupation/Employer _____ Work Phone _____ Cell Phone _____

Religion _____ If not Catholic, interested in learning more about the Catholic Church? (Y/N) _____

Spouse's Name: First _____ Last _____ (Maiden) _____

Address (if different than above) _____ Home Phone _____
Street address City State Zip

Occupation/Employer _____ Work Phone _____ Cell Phone _____

Religion _____ If not Catholic, interested in learning more about the Catholic Church? (Y/N) _____

Marital Status: Married _____ Divorced _____ Separated _____ Single _____ Remarried _____ Widowed _____

If the child(ren) being registered do NOT live at head of household's address, please indicate address and phone of child's residence in Comments section on reverse side.

Primary language spoken at home _____

SIGNATURE _____

Check all that apply, and attach your check or cash to this form.

\$35.00 _____ 1 child \$5.00 per child _____ 1st Reconciliation \$5.00 per child _____ Confirmation
\$55.00 _____ 2 or more children \$5.00 per child _____ 1st Holy Communion \$20.00 _____ non-parishioner

For office use

Date Paid _____ Amount \$ _____ Check # _____ Cash \$ _____ Initials _____

Student's Legal Name _____

Age _____ Date of Birth _____ Grade in Fall _____

Present School _____

Student lives with (check all that apply)

Both parents _____ Mother _____ Father _____ Stepmother _____ Stepfather _____

Grandparents _____ Other relative _____ Guardian(s) _____

NOTE: Copy of guardianship/custody papers may be requested.

Name, phone, relationship of person usually responsible for calling for child:

Name, phone, relationship of others allowed to call for child:

COMMENTS: *Please indicate allergies or any medical, learning, or living conditions of which we should be aware.*

Emergency Contact: Name _____ Phone _____

SACRAMENTS RECEIVED

____ Baptism

Baptized at *Queen of Peace*? Check here: _____

If student was baptized at a church other than Queen of Peace, please attach a copy of the baptismal certificate or submit to Catechetical Office within 30 days.

____ Reconciliation (DD/MM/YYYY _____)

____ 1st Holy Communion (DD/MM/YYYY _____)

____ Confirmation (DD/MM/YYYY _____)

Choose session preference:

____ Summer P.R.E.P. June 16-27, 2008

____ Weekly P.R.E.P. Sept. 7, 2008—April 26, 2009

Student's Legal Name _____

Age _____ Date of Birth _____ Grade in Fall _____

Present School _____

Student lives with (check all that apply)

Both parents _____ Mother _____ Father _____ Stepmother _____ Stepfather _____

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