

# Queen of Peace

## Religious Education Registration

8455 Germantown Rd., Olive Branch, MS 38654

2021-2022

**Last  
Name:**

### FAMILY INFORMATION

**Family Last Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell / Work: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell / Work: \_\_\_\_\_

Mother's Maiden: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_

Home Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

City, ST Postal \_\_\_\_\_ Both Parents Catholic? Yes / No

### STUDENT #1 INFORMATION

**Child Name** \_\_\_\_\_ **Attended classes before?** Yes / No

Gender: Male / Female

Birth Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Class at QP \_\_\_\_\_

**Sacrament Details**

Baptism: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Please check if your child has received the following sacraments

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):

### STUDENT #2 INFORMATION

**Child Name** \_\_\_\_\_ **Attended classes before?** Yes / No

Gender: Male / Female

Birth Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Class at QP: \_\_\_\_\_

**Sacrament Details**

Baptism: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Please check if your child has received the following sacraments

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

## Additional Students

### STUDENT #3 INFORMATION

<b>Child Name</b> _____	<b>Attended classes before?</b> Yes / No
Gender: Male / Female	Please check if your child has received the following sacraments
Birth Date: _____	<input type="checkbox"/> Baptism: _____
Grade: _____	<input type="checkbox"/> Eucharist: _____
Class at QP: _____	<input type="checkbox"/> Confirmation: _____
<b>Special Needs</b> (Medical, Learning Disabilities, Physical Disabilities, etc):	

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### STUDENT #4 INFORMATION

<b>Child Name</b> _____	<b>Attended classes before?</b> Yes / No
Gender: Male / Female	Please check if your child has received the following sacraments
Birth Date: _____	<input type="checkbox"/> Baptism: _____
Grade: _____	<input type="checkbox"/> Eucharist: _____
Class at QP: _____	<input type="checkbox"/> Confirmation: _____
<b>Special Needs</b> (Medical, Learning Disabilities, Physical Disabilities, etc):	

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### STUDENT #5 INFORMATION

<b>Child Name</b> _____	<b>Attended classes before?</b> Yes / No
Gender: Male / Female	Please check if your child has received the following sacraments
Birth Date: _____	<input type="checkbox"/> Baptism: _____
Grade: _____	<input type="checkbox"/> Eucharist: _____
Class at QP: _____	<input type="checkbox"/> Confirmation: _____
<b>Special Needs</b> (Medical, Learning Disabilities, Physical Disabilities, etc):	

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