

Queen of Peace

2020-2021

Religious Education Registration

8455 Germantown Rd., Olive Branch, MS 38654

**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

Sacrament Details Place & Date

Birth Date: _____ Baptism: _____

Grade: _____ Eucharist: _____

School: _____ Penance: _____

Class at QP _____ Confirmation: _____

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

STUDENT #2 INFORMATION

Child Name _____ **Attended classes before?** Yes / No

Gender: Male / Female

Sacrament Details Place & Date

Birth Date: _____ Baptism: _____

Grade: _____ Eucharist: _____

School: _____ Penance: _____

Class at QP: _____ Confirmation: _____

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

Child Name _____	Attended classes before? Yes / No
Gender: Male / Female	
Birth Date: _____	Sacrament Details Place & Date
Grade: _____	<input type="checkbox"/> Baptism: _____
School: _____	<input type="checkbox"/> Eucharist: _____
Class at QP: _____	<input type="checkbox"/> Penance: _____
	<input type="checkbox"/> Confirmation: _____

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

STUDENT #4 INFORMATION

Child Name _____	Attended classes before? Yes / No
Gender: Male / Female	
Birth Date: _____	Sacrament Details Place & Date
Grade: _____	<input type="checkbox"/> Baptism: _____
School: _____	<input type="checkbox"/> Eucharist: _____
Class at QP: _____	<input type="checkbox"/> Penance: _____
	<input type="checkbox"/> Confirmation: _____

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

STUDENT #5 INFORMATION

Child Name _____	Attended classes before? Yes / No
Gender: Male / Female	
Birth Date: _____	Sacrament Details Place & Date
Grade: _____	<input type="checkbox"/> Baptism: _____
School: _____	<input type="checkbox"/> Eucharist: _____
Class at QP: _____	<input type="checkbox"/> Penance: _____
	<input type="checkbox"/> Confirmation: _____

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