

*Our Lady Queen of Peace Parish*  
**Registration / Enrollment Information**

Student Name: \_\_\_\_\_  
(First - Middle - Last ) *Please print*

Student's Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Grade entering \_\_\_\_\_ in August 2010

Other children enrolled in this program: \_\_\_\_\_

\_\_\_\_\_

**Sacramental Information:**

Baptism Date: \_\_\_\_\_ Church: \_\_\_\_\_

Church Address: \_\_\_\_\_

First Reconciliation Date: \_\_\_\_\_ Church: \_\_\_\_\_

Church Address: \_\_\_\_\_

1<sup>st</sup> Communion Date: \_\_\_\_\_ Church: \_\_\_\_\_

Church Address: \_\_\_\_\_

Note: Allergies, medications, physical or educational needs:

\_\_\_\_\_

\_\_\_\_\_

Families must be registered members of the parish. Fees for the program must be paid prior to the first class session. Please call the Parish Office 440 926-2364 for additional information.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

(revised 6-10-10)