

**Queen of Heaven Parish**  
**PSR Registration Form 2019-2020**

Please return this form completed with your tuition payment.

**Family Information: Please Print**

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Father's Name (First & Last)

E-Mail

Phone

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Mother's Name (First & Last)

E-Mail

Phone

**Child Information: Please Print (attach an additional sheet if needed)**

Last Name:	First Name:	Birth Date	Lives with	Gender M/F	Grade 19/20	Baptized Y/N	First Communion Y/N
			Mom Dad Both Other				
			Mom Dad Both Other				
			Mom Dad Both Other				
			Mom Dad Both Other				

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Complete ONLY for Students making 1<sup>st</sup> Reconciliation and 1<sup>st</sup> Communion: Please Print**

Name	Location of Baptism	Copy Enclosed

Please include a *COPY* of your child's Baptismal certificate with this registration form if they were NOT baptized at Queen of Heaven.

**Medical Information: (attach an additional sheet if needed)**

Name of child and allergy:

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Name of child and special needs (i.e. IEP, education plans, medications, etc.):

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Additional Emergency Contact(s):

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In the event of an accident or serious medical illness requiring medical attention, PSR staff will first attempt to contact the mother or father. Failing this, an attempt will be made to contact the additional emergency contacts. If deemed necessary 9-1-1 will be called.

Preferred Hospital: Children's: \_\_\_\_\_ Other: \_\_\_\_\_ Physician Name: \_\_\_\_\_

**Photo Release and Authorization:**

I (We) the parent(s) and or guardian(s) of the children listed on this form do hereby consent and authorize the release, publication, dissemination, distribution, use and/or reproduction of any and all photographs taken of my daughter/son during her/his enrollment at Queen of Heaven PSR by an employee, agent or representative of Queen of Heaven PSR or independent contractor.

This Release and Authorization acknowledges that all photographic proofs, photographic negatives, positives, and prints shall constitute the property of Queen of Heaven PSR and without further notice or any compensation to me or to my daughter/son.

I **DO** consent: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent and/or Guardian Signature

I **DO NOT** consent: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent and/or Guardian Signature

**Tuition Information:**

All fees are due at the time of registration—Sacramental fees for those making First Communion are in addition to the registration fee.

	# of Children	If Paid by June 1 <sup>st</sup>	Fee	Total (# of Children x Fee)
PreK-8 <sup>th</sup> Grade		\$35	\$45	
First Communion		\$25	\$25	
			Total	

\*All parish children are welcome to participate in our Parish School of Religion. Please be in touch with PSR or Parish Office if financial burdens require special consideration.

You may drop this Registration Form along with payment in the offering basket at Mass, at the parish office or mail to:  
Queen of Heaven  
ATTN: PSR Office  
1800 Steese Rd  
Uniontown, OH 44685

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

<b>Office Use Only:</b>	<b>Amount Paid:</b> _____
	<b>Cash:</b> _____
	<b>Check #:</b> _____
	<b>Date Received:</b> _____
	<b>Date Inputted:</b> _____
	<b>Records Enclosed:</b> _____