



Queen of Heaven School

2018-2019 Re-Registration Form

839 Mill Road
West Seneca, New York 14224
716.674.5206
www.qofhschool.org

Office Use Only	
Last Name:	_____
#of Children	_____ ID# _____
Non-Refundable Registration \$	_____
Date paid	_____ check# _____ cash _____
ACH Form	_____ Family Commitment _____
CTGP form	_____ (non- parishioner families)
Tuition paid: annually	_____ monthly _____
Amount of tuition	_____
Student's first day	_____

Please Print Clearly.

Today's date: _____

Registration Fee: \$75.00 (non-refundable) Per Child . \$125 after March 31, 2018.

Please make all checks payable to "Queen of Heaven School."

Student Technology and Consumable Fee (STaC) \$150 per family due and payable August 15 with tuition payment.

Please check appropriate box and indicate children's names for those entering Grades K-8.

() My child/ren is/are returning to Queen of Heaven School.

Please Print Clearly.

Family Name: _____

Date: ____/____/____

Address: _____

City: _____ Zip Code: _____

Student Name: Last, First

Grade as of 9/1/18

DOB

Student Name: Last, First	Grade as of 9/1/18	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount enclosed \$ _____

School District Student Resides in: _____

Child(ren) resides with: Mother ____ Father ____ Both ____ Other (Specify): _____

Father: _____

Mother: _____

Cell phone: _____

Cell phone: _____

Home Phone: _____

Home Phone: _____

Home address: _____

Home address: _____

(If different from student)

(If different from student)

Religion: _____

Religion: _____

E-Mail: _____

E-Mail: _____

Occupation: _____

Occupation: _____

Place of employment: _____

Place of employment: _____

Address: _____

Address: _____

Business phone: _____

Business phone: _____

VIRTUS Certified: Yes ____ No ____

VIRTUS Certified: Yes ____ No ____

Parents are: Married ____ Separated ____ Divorced ____

Queen of Heaven Parishioners: () Yes () No If no, parish affiliation _____

{Over}

Student's Emergency Contacts (other than legal guardian):

1. _____
Last Name First Name Phone Number

2. _____
Last Name First Name Phone Number

Please list in order the Authorized Individuals (other than parents) who are allowed to pick up your child if necessary.

Name	Phone Number	Relationship to Child

Additional Requirements:

**Please see the attached Family Commitment Form for families Preschool through grade 8.
Sign and return with Registration Packet.**

Please select tuition payment plan preferred:

() Plan 1 – Paid in full. Please make all checks or money orders payable to Queen of Heaven Parish by August 15th.

******NO POST DATED CHECKS OR CASH WILL BE ACCEPTED******

To ensure proper credit to your account please:

Enclose your payment coupon (with your tuition ID #) or

Indicate your tuition ID# if using a bill paying service

() Plan 2 – Monthly payments. Any family selecting monthly payments must complete an ACH form.

Parent Signature _____ **Date** _____

Print Name _____