



Queen of Heaven School

2019-2020 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, 2019.

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 9/1/19

DOB

| Student Name: Last, First | Grade as of 9/1/19 | 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 HSG 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 yearly.**

Parent Signature _____ **Date** _____

Print Name _____