



Queen of Heaven School

2022-2023 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 _____

Today's date: _____

Registration Fee: \$100.00 (non-refundable) Per Child \$150 after March 31, 2022.

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

\$200 Student Technology and Consumable [non-refundable] Fee (StAC) per family is due and payable August 15 with first tuition payment.

Please Print Clearly.

Family Name: _____ Date: ____/____/____

Address: _____ City: _____ Zip Code: _____

Student Name: Last, First	Grade as of 9/1/22	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount enclosed \$ _____

School District Student Resides in: _____

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

*******Please complete below for both Parents*******

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 _____

(CTGP form needed)

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 included HSG Family Commitment Form for families Preschool through grade 8.
Sign and return with Registration Packet******

****A CTGP form if *NOT* a member of Queen of Heaven Parish**

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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 a *new* ACH form YEARLY******

Parent Signature _____ Date _____

Print Name _____