

OUR LADY QUEEN OF PEACE
RELIGIOUS EDUCATION PROGRAM
209 US Highway 206
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(973)948-3185
Email: reled@olqbranchville.org
FATHER ED RAMA, PASTOR

OLQP RELIGIOUS EDUCATION 2019-2020
MAIL-IN REGISTRATION FORM

Mail-In Registrations are now being accepted for Our Lady Queen of Peace Religious Education Program 2019-2020. All returning students, as well as new students, must complete a registration form, no student is automatically re-registered.

Kindly provide the information requested on page 2, and return the completed form to the Religious Education office. The office is open weekdays from 9am-2pm, or you may choose to mail the completed form back to me at the address shown above.

Fee Schedule for students in Grades 1-10:

- \$100.00 for one child;
- \$125.00 for two children;
- \$150 for three or more children;
- For students in Grade 2 there is an additional fee of \$20.00 for the First Eucharist Retreat.
- For students in Grades 8, 9 and 10 there is an additional fee of \$30.00 for the Confirmation Retreat.

Payment is due with your completed form. Please make all checks payable to OUR LADY QUEEN OF PEACE. Thank you!

God bless you,
Mrs. Diana Rimshnick, CRE
Coordinator of Religious Education

NOTE: For all new students (first time registrants) copies of a Birth certificate and Baptismal Certificate must also be submitted to the CRE at the time of registration, thank you.

Tuition DUE: \$ _____ Tuition PAID: \$ _____ Check # _____

Parental Signature: _____ Date _____

FAMILY INFORMATION: PLEASE PRINT

PARENT/GUARDIAN NAME/S:
MAILING ADDRESS:
HOME AND CELLPHONE NUMBERS:
EMAIL ADDRESSES:
EMERGENCY CONTACT NAME AND PHONE NUMBER: RELATIONSHIP (grandparent, friend, etc.):
PHOTO RELEASE STATEMENT (REQUIRED) I give permission for Our Lady Queen of Peace to use my child/children's photograph for 2018-2019 in publications deemed relevant by the Pastor (i.e. Parish Bulletin, Website, Promotional material for the Parish) Yes No

STUDENT #1 NEW STUDENT? (YES/NO)

STUDENT NAME:	GRADE IN SEPTEMBER:
BIRTHDAY:	SCHOOL IN SEPTEMBER:
AGE:	LEARNING/MEDICAL NEEDS:

STUDENT #2 NEW STUDENT? (YES/NO)

STUDENT NAME:	GRADE IN SEPTEMBER:
BIRTHDAY:	SCHOOL IN SEPTEMBER:
AGE:	LEARNING/MEDICAL NEEDS:

STUDENT #3 NEW STUDENT? (YES/NO)

STUDENT NAME:	GRADE IN SEPTEMBER:
BIRTHDAY:	SCHOOL IN SEPTEMBER:
AGE:	LEARNING/MEDICAL NEEDS:

STUDENT #4 NEW STUDENT? (YES/NO)

STUDENT NAME:	GRADE IN SEPTEMBER:
BIRTHDAY:	SCHOOL IN SEPTEMBER:
AGE:	LEARNING/MEDICAL NEEDS: