

Mary, Queen of Saints Parish
 Faith Formation Office
 115 Trinity Dr., Aliquippa, PA 15001
 Phone: 724.774.4888
 Website: www.maryqueenoofsaints.org



2023-24
Faith Formation Student Registration Form
 for Kindergarten thru Eighth Grade

Today's Date: _____

Please select the location and time your child(ren) will attend: (please check one)

☐ St. John the Baptist: Sundays, 10:00AM–11:15AM

☐ St. Frances Cabrini: Sundays, 9:35AM–10:50AM

☐ St. Frances Cabrini: Mondays, 6:00PM–7:15PM

(Our parish also offers *Catechesis of the Good Shepherd* for ages 3–5 and 6–9. **For details, see our parish website.**)

Is your family NEW to the MQSP Faith Formation Program for K–8?

☐ Yes

☐ No

Please print clearly

Family's Last Name (surname) _____

Father/Guardian's

Full Name: _____

eMail Address: _____ Religious Affiliation: _____

Street Address: _____ Home Phone: _____

City, State, & Zip Code: _____ Cell Ph #: _____ Cell Carrier: _____

Mother/Guardian's

Name (include maiden): _____

eMail Address: _____ Religious Affiliation: _____

Street Address: _____ Home Phone: _____

City, State, & Zip Code: _____ Cell Ph #: _____ Cell Carrier: _____

Who is responsible for religious education?

☐ Both Parents

☐ Mother

☐ Father

☐ Guardian

Who is to receive mailings?

☐ Both Parents

☐ Mother

☐ Father

☐ Guardian

If you wish to receive text messages via your cell phone in an emergency, who can we text?

☐ Both Parents

☐ Mother

☐ Father

☐ Guardian

If you cannot be reach in an emergency, the following person should be contacted:

Full Name: _____

Home Phone: _____ Cell Phone: _____ Relationship to Child/Family: _____

FEES/PAYMENT:

Tuition Rates: One child is \$40.00; two children at \$35.00 each; three or more children at \$30.00 each.

Payment Options: cash or check (see parish website for details); credit card payment option via website only.

The child(ren) to be enrolled in the MQSP Faith Formation Program: (If a child you list is new to our parish program, please attach a copy of the child's baptismal certificate.)

First, Middle & Last Name of Child	Grade Attending in September 2023	Date of Birth	Baptism (Church & Date)	Eucharist (Church & Date)
1.				
2.				
3.				
4.				
5.				

State any particular concerns such as disabilities, allergies, etc., and suggestions on how we may assist:

Signature of

Parent/Guardian: _____ **Date:** _____

I am interested in

helping as a volunteer: ☐ Catechist ☐ Office Helper ☐ Classroom Assistant ☐ Substitute Catechist

— This section for office use only —

Grades/Sessions: _____

Date Paid: _____

☐ Cash: _____

☐ Check: _____

Amount Paid: _____

☐ Credit Card: _____