

Queen of All Saints Church
Religious Education Registration Form

Name	<i>First</i>	<i>Middle</i>	<i>Last</i>
Address	<i>Street</i>	<i>City</i>	
Phone No.	<i>Home</i>	<i>Cell No. or Emergency Contact</i>	
E-mail Address (Please print neatly)			
Father's Name		Father's Religion	
Mother's First and Maiden Name		Mother's Religion	

Grade of Student	Date of Birth	Public school student attends
Special health problems or medications:		Members of which parish?
Sacraments received		
	<i>Date</i>	<i>Name and City of Church</i>
Baptism	_____	_____
Penance	_____	_____
Eucharist	_____	_____

Other children in family attending Religious Education or Tiny Seeds	
_____	_____
_____	_____

Parent/Guardian Signature _____ **Date** _____

(Signature indicates agreement with policies in religious education handbook found at www.qas.org)

Tuition Due _____ **Amount Paid** _____