

OUR LADY QUEEN OF PEACE RELIGIOUS EDUCATION PROGRAM
209 US Highway 206 Branchville, NJ 07826
reled@olqpbranchville.org
(973)948-3185

RELIGIOUS EDUCATION PROGRAM REGISTRATION 2017-2018

Welcome!

Registrations are now being accepted for the 2017-2018 OLQP Religious Education Program. All returning students, as well as new students, must complete this 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:

- The requested fee for students in Grades K-8: *
 - \$100.00 for one child;
 - \$125.00 for two children;
 - \$150.00 for three or more children;
- The requested fee for students in the Confirmation Program, Grades 9 and 10:
 - \$105.00 per student per year (Confirmation Retreat included in fee).
- * For families with children in **both** the K-8 program and the Confirmation program please select the appropriate fee from the Grades K-8 section, and add on \$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

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record and birth certificate, you will need to supply copies for our files. Thank you.

Tuition DUE: \$ _____ Tuition PAID: \$ _____ Check # _____
 Parental Signature: _____ Date _____

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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.):

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: