	FICE USE ONLY:
DATE: ID#	: CASH/CHECK #:
RELIGIOUS	S EDUCATION FEE SCALE
Sacramental yea	ar (Grades 2 and 8): \$100 per child
	3 <sup>rd</sup> -7 <sup>th</sup> paid by August 15 <sup>th</sup> : \$50 per child
	aly) paid by August 15 <sup>th</sup> : \$40 per child mily Max Fee: \$200.00
Tun	IIIy Max I cc. \$200.00
•	l per child on payments made after August 15 <sup>th</sup> :
	d in for non-sacramental years
\$110 per (	child for sacramental years
Number of Children Entering 2nd or 8th	<sup>h</sup> Grade <u>registering by August 15:</u> x \$100=
Number of Children Entering UN 1st	3 <sup>rd</sup> -7 <sup>th</sup> registering by August 15: x \$50=
Number of Chairen Entering KN-1 <sup>35</sup> ,	3''''' <u>registering by August 15:</u> x \$50=
Number of Children Entering 2nd or 8th	Grade <u>registering after August 15:</u> x \$60=
Number of Children Entering VN-1st 2rd-	7 <sup>th</sup> <u>registering after August 15:</u> x \$60=
Number of Children Entering KN-19, 3.4-	7 registering after August 13. X \$00-
<u>Flocknote:</u>	PHOTO RELEASE:
All notices/communications regarding	Your child may be photographed during the course of the
nclement weather, closings, and classroom happenings will be sent via text message	religious education year. Please check the appropriate box and sign below indicating whether or not we may have permission
rough the Flocknote App. Please indicate	to use your child's photo on QOP Facebook Page and Remind.
below the cell phone number or email	Both pages are private, and no personal information about you
ddress that you would like to use for these notices:	or your child will ever be posted anywhere on either sites.
ll/email:	YES, my child may be photographed.
	NO, my child may not be photographed.
	NO, my chila may not be photographed.
	Parent/Guardian Signature
Session Choic	ce: Sunday Monday
Please note: Your registration will n	not be processed or complete until payment is received.
Family Information	
Vour Namo: First Namo:	Last Namo

Relationship to Child(ren) Registering: Home Mailing Address: Family Home Phone:\_\_\_\_\_ Cell Phone:\_\_\_\_\_ Emergency Contact Person: Emergency Contact Phone Number:

## **STUDENT 1:**

First Name:	Last Name:
Birthdate:	Gender: M/F Grade: School:
	crament that your child has already received: Penance Communion Confirmation
Session: Sunday	Monday
Special Needs:	
Allergies:	
STUDENT 2:	
First Name:	Last Name:
Birthdate:	Gender: M/F Grade: School:
	crament that your child has already received: Penance Communion Confirmation
Session: Sunday	Monday
Special Needs:	
Allergies:	
STUDENT 3:	
First Name:	Last Name:
Birthdate:	Gender: M/F Grade: School:
	crament that your child has already received: Penance Communion Confirmation
Session: Sunday	Monday
Special Needs:	
Allergies:	