



# Mary, Queen of Heaven Church

1150 Donaldson Road, Erlanger, KY 41018

## CCD Registration Form

This completed form may be emailed to [lspencer@mqhparish.com](mailto:lspencer@mqhparish.com), faxed to 859-525-7067 or mailed to the address above.

Child's Full Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ CCD Grade attending this year: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Home Phone No: \_\_\_\_\_

Parent's Name: Father: \_\_\_\_\_ Catholic?  Yes  No

Mother: \_\_\_\_\_ Catholic?  Yes  No

Father's Cell Phone #: \_\_\_\_\_ Mother's Cell Phone #: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_ Mother's Email Address: \_\_\_\_\_

Do both parents have custodial care of the child?  Yes  No

If no, name of parent to be contacted in case of emergency: \_\_\_\_\_

Name of the person who will pick up the child after CCD: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

*(If other than the custodial parent, a letter from the parent(s) is required that states who will be authorized to transport your child. The parent must give the CCD teacher a note on the night that someone other than the parent will be picking up the child.)*

Baptismal Date: \_\_\_\_\_ Where Baptized: \_\_\_\_\_

If other than at MQH, is copy of Baptismal certificate attached?  Yes  No *(Parents are required to show proof of child's baptism – to be put in student's file)*

First Holy Communion Date: \_\_\_\_\_ Where Received: \_\_\_\_\_

Last Year of Religious Education: \_\_\_\_\_ Location: \_\_\_\_\_

School Attending: \_\_\_\_\_

Are you an active, registered parishioner of MQH?  Yes  No *(see Active Parishioner Policy)*

If no, in which parish are you registered? \_\_\_\_\_

*(Parents who are not registered at MQH must have a letter from their pastor stating that he is aware of and agrees to your child attending CCD at MQH)*

Registration fee paid?  Yes  No *(Attach payment to registration. Financial Aid is available to active parishioners. Contact the parish office at 859-525-6909 to see if you qualify.)*

Will you pay by electronic fund transfer through Commonwealth Bank & Trust?  Yes  No *(A voided check and a completed EFT authorization form must be attached to pay by EFT. See reverse side for EFT authorization form.)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please explain any special concerns that we should be aware of in regards to your child. (e.g. learning impairments, ADD/ADHD, etc.) \_\_\_\_\_

### Office Use Only:

CCD Fee Payment Method: \_\_\_\_\_



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## CCD EFT Authorization Form

This completed form may be emailed to [lspencer@mghparish.com](mailto:lspencer@mghparish.com), faxed to 859-525-7067 or mailed to the address above.

**NAME:** \_\_\_\_\_

Name or names that appear on the account.

**INSTITUTION ROUTING NUMBER:** \_\_\_\_\_

Nine digit number beginning at far left bottom of check.

**ACCOUNT NUMBER:** \_\_\_\_\_

By signing this form I am authorizing Mary, Queen of Heaven to automatically debit the above mentioned account on a monthly basis beginning \_\_\_\_ October 5<sup>th</sup> \_\_\_\_ October 15<sup>th</sup> \_\_\_\_ October 25<sup>th</sup> (please check the date of your choice) and monthly thereafter in the amount of \$ \_\_\_\_\_ for 8 consecutive payments.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\*\*\*\*\*Please attach a voided check if you are not using the same account as last year.\*\*\*\*\*

### CCD Tuition Rates

1 child	\$100.00
2 children	\$155.00
3 or more	\$185.00

Your payments may also be paid utilizing electronic fund transfers provided at no cost through Commonwealth Bank & Trust. The first payment will be in October and the last payment will be in May. Divide your tuition rate by 8 months to calculate your monthly payment.

Parish families who need financial assistance should contact the parish office at 859-525-6909 to inquire about financial aid. No **active** parishioner will be denied a Catholic education.