



# 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?  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 for 2019-20

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

Your payments may also be paid utilizing electronic fund transfers at no additional cost to you. 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.