



Mary, Queen of Heaven Church

1150 Donaldson Road, Erlanger, KY 41018

CCD Registration Form

This completed form may be emailed to 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, 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 5th ____ October 15th ____ October 25th (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.*****

| | |
|------------|----------|
| 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.