

**Queen of the Holy Rosary Church
School of Religion
Enrollment Form for 2008-2009**

EVERY CHILD MUST HAVE A BAPTISMAL FORM ON FILE IN SOR OFFICE

Registered QHR Parishioner ___ Yes ___ No If not, what Parish _____

Family Last Name _____

Contact E-mail Address _____

Home Phone Number: _____

Father's Name _____ Religion _____ Cell # _____

Father's Address: _____

Mother's Name _____ (Maiden Name) _____

Mother's Religion _____ Mother's Cell # _____

Mother's Address: _____

Children reside with _____

Emergency Name _____ Phone Number _____

Child Name	BirthDate	M/F	School	Grade	Location/Year of Baptism

Special Circumstances... Please check if any of the following apply to your child(ren)

Single parent family _____

Mixed religions in home _____

Other Language Spoken in Home _____

- Health (food allergies, medications) _____