

Queen of Apostles Parish, Avoca Registration Form

2025-2026 Academic Year

Return form and fee to the Parish Office.
One form per child.

Make check payable to Queen of Apostles Parish.

Registration paid: \$ _____ Check # _____

Fee: \$30.00 First child
\$20.00 Second child
\$15.00 Third child
\$10.00 Fourth child

*If there is difficulty in paying the CCD fee, please
contact Father Petro.*

IF YOUR CHILD IS RECEIVING A SACRAMENT
THIS YEAR AND WAS NOT BAPTIZED IN OUR
PARISH, YOU MUST SUBMIT A COPY OF HIS/HER
BAPTISMAL CERTIFICATE WHEN REGISTERING.

STUDENT INFORMATION

Please Print – Do not use nicknames

Grade: _____

Name: _____

Address: _____

City/State/Zip: _____

Cell: _____

Home Phone: _____

E-mail: _____

School: _____

Date of Birth: _____

Father's Name: _____

Mother's Maiden Name: _____

Custody: Mother: _____ Father: _____

Does child reside with someone other than the parent?

Guardian's Name: _____

Religious Formation-CCD 9:00AM – 10:00AM

*All families in our program need to be
registered in the parish and have a census
form on file in our parish office.*

Are you registered in the parish? _____

Do you receive parish envelopes? _____

Are you using your parish envelopes to
support the Church? _____

Please name any physical, emotional or learning needs
we should be made aware of:

Food allergies:

Baptismal Information

(Month/Day/Year) _____

Name of Church _____

Church Address _____

Sacraments Received

Has your child received First Holy Communion? Yes/No

Has your child received Confirmation? Yes/No

In case of illness that may or may not be an emergency,
please give the names of two (2) people who can be
reached by phone and would be willing to come for your
child if you, as a parent, cannot be reached.

1. Name/Relation: _____

Phone: _____

2. Name/Relation: _____

Phone: _____

Parent's Signature: _____