Queen of Heaven School

2024-2025 Re-Registration Form

839 Mill Road
West Seneca, New York 14224
716.674.5206
www.qofhschool.org

Today's date: _____

Registration Fee: $100.00 (non-refundable) **Per Child** $150 after March 31, 2024.

Student Technology and Consumable (STaC): $200 (non-refundable) **Per Family** is due and payable with registration.

_____Please use existing ACH banking information to pay the above fees upon submission.

ALL OTHERS-Please make all checks payable to "**Queen of Heaven School**"
NOTE: Registrations will **NOT** be processed until Registration Fee & STaC Fee are paid in full.
. . . .

Please Print Clearly.

Family Name: _____   **Date: _____/_____/_____**

Address: _____   **City: _____**   **Zip Code: _____**

School District Student Resides in: _____

Student Name: Last, First	Grade as of 9/1/24	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Race (optional): 1) American Indian 2) African American 3) Caucasian 4) Hispanic 5) Asian or Pacific Islander 6) Multi-racial

Child(ren) resides with: Mother _____   Father _____   Both _____   Other (Specify): _____

*****Please complete below for both Parents*****

Father: _____	Mother: _____
Cell phone: _____	Cell phone: _____
Home Phone: _____	Home Phone: _____
Home address: _____	Home address: _____
(If different from student)	(If different from student)
Religion: _____	Religion: _____
E-Mail: _____	E-Mail: _____
Occupation: _____	Occupation: _____
Place of employment: _____	Place of employment: _____
Address: _____	Address: _____
Business phone: _____	Business phone: _____
VIRTUS Certified: Yes ___ No____	VIRTUS Certified: Yes ___ No____

Parents are: Married _____ Separated _____ Divorced _____

Queen of Heaven Parishioners: ( ) Yes ( ) No   If no, parish affiliation_____

(**CTGP form needed**)

{Please complete reverse side}

Student's Emergency Contacts (other than legal guardian):

1. _____
         Last Name   First Name   Phone Number

2. _____
         Last Name   First Name   Phone Number

Please list in order the Authorized Individuals (other than parents) who are allowed to pick up your child if necessary.

Name	Phone Number	Relationship to Child

Additional Requirements:

HSG Family Commitment Form (All families)

Catholic Tuition Grant Program (CTGP) Form if NOT a member of Queen of Heaven Parish

ACH Form if paying monthly—New form every year must be completed

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Please select tuition payment plan preferred:

( ) Plan 1 – Paid in full. Please make all checks or money orders payable to Queen of Heaven Parish by August 15th.

        ****NO POST DATED CHECKS OR CASH WILL BE ACCEPTED****

        To ensure proper credit to your account please:

        Enclose your payment coupon (with your tuition ID #) or

        Indicate your tuition ID# if using a bill paying service

( ) Plan 2 – Monthly payments. **New ACH form required every school year**

Parent Signature_____ Date_____

Print Name_____

FILLABLE FORMAT ONLY: My typed name below represents my legally binding "digital" signature. (This form may be emailed if using digital signature)

_____ _____
                  SIGNATURE   **DATE**

** Email forms to admissions@qofhschool.org

Queen of Heaven School
2024-2025 HSG Family Commitment Form

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PLEASE CHECK ONE CATEGORY:

( ) Category 1 – New and Existing School Families

- Each family must **sell/buy** the required number of Sweepstakes tickets.
- Volunteer 10 hours per year as follows:
  - ➢ Work 5 hours (or 1 shift) at the 2024 Summer Carnival
  - ➢ Work 5 hours at an HSG fundraising function

The above commitment applies to all new families regardless of parish affiliation.

For families in this category it is important to note that they must work at an HSG **fundraising function**. Volunteering for coaching, in the cafeteria or at various children parties (i.e., the Halloween party) *does **not*** count toward your 5 hours.

( ) Category 2 – Non-Volunteering Families

- Families not wishing to volunteer at Carnival or HSG events.
- Each family must sell the required number of Sweepstakes tickets.
- Each family will pay an additional $400 toward the tuition deficit this year. $200 will be billed out in August 2024 and the remaining $200 will be billed out in April 2025

Please be advised:
Any family that does not sell/buy the required number of Sweepstakes tickets, the cost of the tickets will be added to your tuition account.

FILLABLE FORMAT ONLY: My typed name below represents my legally binding "digital" signature. (This form may be emailed if using digital signature)

Parent Signature _____ Date_____

_____

2024-2025 ACH Authorization Form   FAMILY LAST NAME

I authorize Queen of Heaven to automatically debit my account as listed below, for tuition and fees for the 2024-25 school year. Monthly payments are made beginning August 15, 2024 through May 15, 2025. Tuition will be processed on the 15th of each month unless the 15th falls on a weekend or holiday, in that case it will be processed the following business day.

Please include a <u>voided check</u> if using a checking account or <u>deposit ticket</u> for a savings account

PLEASE PRINT CLEARLY AND <u>COMPLETELY</u>

NAME OF BANK_____

NAME ON ACCOUNT_____

ACCOUNT NUMBER_____

TYPE OF ACCOUNT - CHECKING_____SAVING_____

BANK TRANSIT/ROUTING NUMBER_____

STUDENT'S NAME(S): _____   _____

_____   _____

Authorizing Signature (Name on Account): _____

Date: _____   Phone Number: _____

Returned payments will be resubmitted within 5-10 days of receipt of a Non-Sufficient Funds notice.

FILLABLE FORMAT ONLY: My typed name below represents my legally binding "digital" signature and confirms this account belongs to the printed name below. (This form may be emailed if using digital signature)

Digital Signature   DATE