

## QUEEN OF PEACE RELIGIOUS EDUCATION OFFICE 21 CHURCH PLACE NORTH ARLINGTON, NEW JERSEY 07031 201-998-0901

Dear Parents,

April 2023

Welcome all to our Queen of Peace Family Faith Formation CCD Program. Hope you had a happy and enjoyable school year. Summer will soon be upon us and it is now time to consider our new CCD school year.

Please see attached 2023-2024 registration form for the upcoming Religious Education School Year. To assist in planning it is important to know how many students will be attending our program in September, therefore all registrations should be completed by June 5, 2023. Spaces are limited.

All classes are held on alternating Sunday morning for grades 1<sup>st</sup> through 4<sup>th</sup> and 5<sup>th</sup> through 8<sup>th</sup> and RCIC 1 & 2 students. RCIC 1 & 2 are classes for students in grades 3<sup>rd</sup> through 8<sup>th</sup> who have missed previous sacraments. This is a condensed class that your child will be assigned to when registering. It consists of work and lessons that will be introduced to the students who have not received the sacraments of Baptism, Reconciliation and Communion. We also will have Family Masses in lieu of classes monthly on given dates throughout the school year. When we celebrate our family masses there will be no CCD classes on that Sunday.

Completed registration forms can be mailed to the Religious Education office at 21 Church Place, North Arlington, NJ 07031. If you prefer to register in person, the Religious Education office will be accepting applications Monday through Thursday from 8:00 AM to 2:00 PM. The CCD office is located in the Queen of Peace Grammar School.

In Christ,

Mérèse Bellifemine

**Director of Religious Education** 



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## CONTINUING/NEW STUDENT REGISTRATION 2023-2024

PLEASE PRINT CLEAR	LY and C	OMPLETE BOTH	H SIDES		Date_		
Please check one of t Continuing Student a OR							
New Student who ha	s never a	atten <mark>de</mark> d a QP (	CCD Class	<del></del>			
Student's Full Name:		•					
	(Last na	ıme)	(First	Name)		Boy/G	irl
Student's Date of Birt	h:						
	(Mont		(Day)		(Year)	÷	
Student's Address:							
N	umber	Street Name	Apti	#	Town	Zip	Code
Last CCD grade attend	ed:	Applyi	ng for Grade: _		Student	s Age:	
Mother's Full Name: _			**			· ·	
Ī	First Nar	ne)	(Maiden Nam	e)	(Last	Name)	1.7
Mother's Address:							•
Mother's Cell #					3		······································
Father's Full Name:							
Father's Address:	•						
Father's Cell #				,		·	
				· · · · · · · · · · · · · · · · · · ·	-		· ·
*Parent Email Address * (Very important that	: we hav	e an accurate E	mail address)*	k			
Primary Contact:	w					:	
, (r	viother d	or Father)	<b>14.</b>				
Marital Status:	_Single _	Married _	Separate	ed Div	orced	Decea	sed

\*\*Please Complete Side 2, Plus Family Registration Fee.\*\*

Name	Relationship to Student	Phone #
	. ·	
Please list any allergies, illne	sses, medications, or special needs:	
ere ere	- 1 _ 1 T	•
Name of church and a	ddress where your child wa	as baptized.
	• •	
Date when your child	was baptized.	
<u>ALL RCIC CLASSES:</u> Students in grades 3 th	avayala O yaka harra	advand blog a service of the
	hrough 8 who have not recest t Holy Communion will be	
		deelghed to Held diabes.
Grades 1 thru 4 and gr	ades 5 thru 8 and RCIC 1 &	2 meet on alternating
	to 10:15 AM. Schedule wi	
child's grade.		er 1
		· .
EES: \$130.00 for 1 chi	ld, \$180.00 for 2 children, \$	\$200.00 for 3 or more children
**Please pro	ovide address where ALL m	ail should be sent**
A CONTRACTOR OF THE CONTRACTOR		
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**************************************		**************************************
OFFICE USE ONLY:	Please submit	en e
	Please submit Baptism Cer	a copy of Baptism Certificate
OFFICE USE ONLY: Amount Due:	Please submit Baptism Cert Resides in Q	a copy of Baptism Certificate