

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

Dear Parents,

April 2024

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 2024-2025 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 10, 2024. Spaces are limited.

All classes are held on alternating Sunday morning for grades 1st through 4th and 5th through 8th and RCIC 1, 2 & 3 students. RCIC 1, 2 & 3 are classes for students in grades 3rd through 8th 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 <u>no</u>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. There will be no increase for the CCD Registration fee this year, it remains the same as the previous year.

In Christ,

Therese Bellifemine Director of Religious Education



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CONTINUING/NEW STUDENT REGISTRATION 2024-2025

PLEASE PRINT CLEARLY and COMPLETE BOTH SIDES	Date
Please check one of the following: Continuing Student at QP CCD program OR	
New Student who has never attended a QP CCD Class_	
Student's Full Name:	Boy/Girl
(Last hame) (First Name)	BOy/Gill
Student's Date of Birth:	
(Month) (Day)	(Year)
Student's Address:	Town Zip Code
Last CCD grade attended: Applying for Grad	
Mother's Full Name:	(Last Name)
Mother's Address:	
Mother's Cell #	
Father's Full Name:	
Father's Address:	
Father's Cell #	
*Parent Email Address: * (Very important that we have an accurate Email addu Primary Contact: (Mother or Father)	ress)* Language spoken at home:
Marital Status: Single Married Sepa	arated Divorced Deceased

Please Complete Side 2, Plus Family Registration Fee.

Emergency Phone Number (In case parent/guardian can't be reached):

Name	Relationship to Student	Phone #
Please list any allergies, illne	esses, medications, or special needs:	
Name of church and a	address where your child wa	s baptized.
Date when your child	was baptized	
ALL RCIC CLASSES:		
-	through 8 who have not rece rst Holy Communion will be a	
Sundays from 9:00 Al child's grade. FEES: \$130.00 for 1 cl PLEASE NOTE THER	rades 5 thru 8 and RCIC 1 & M to 10:15 AM. Schedule wit hild, \$180.00 for 2 children, \$ E IS NO INCREASE FOR THE 0 2024-2025 rovide address where ALL ma	th dates to follow for your 200.00 for 3 or more children CCD REGISTRATION FEE FOR
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OFFICE USE ONLY:	Please submit a d	copy of Baptism Certificate
Amount Due:	Baptism Cer	tificate
Amount Paid:	Resides in Q	P Parish
Date Paid:	Registered in	n QP Parish
Check # or Cash:		