



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

Dear Parents,

June 2025

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 2025-2026 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 July 30, 2025. Spaces are limited.

All classes are held from 9:00am -10:15am for grades 1<sup>st</sup> through 4<sup>th</sup> and 5<sup>th</sup> through 8<sup>th</sup> and OCIC 1, 2 & 3 students on alternating Sundays. OCIC 1, 2 & 3 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. There will be no increase for the CCD Registration fee this year, it remains the same as the previous year. **All NEW families registering their children for the Religious Education Program MUST be Parishioners in Queen of Peace Church.**

In Christ,

Therese Bellifemine  
Director of Religious Education



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**REGISTRATION 2025-2026**

**PLEASE PRINT CLEARLY and COMPLETE BOTH SIDES**

Date \_\_\_\_\_

**Please check one of the following:**

**Continuing Student at QP CCD program \_\_\_\_\_ or New Student at QP CCD Program \_\_\_\_\_**

Student's Full Name: \_\_\_\_\_  
(Last name) (First Name) Boy/Girl

Student's Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

Student's Address: \_\_\_\_\_  
Street Name Apt# Town Zip Code

Last CCD grade attended: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_ Students Age: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_  
(First Name) (Maiden Name) (Last Name)

Mother's Address: \_\_\_\_\_

Mother's Cell # \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's Cell # \_\_\_\_\_

Marital Status

Please circle: Single Married Separated Divorced Deceased

**\*Parent Email Address:** \_\_\_\_\_

**\*(Very important that we have an accurate Email address)\***

**Primary Contact circle:** Mother or Father **Language spoken at home:** \_\_\_\_\_

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

\_\_\_\_\_  
Name Relationship to Student Phone #

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

Please list any allergies, illnesses, medications, or special needs: \_\_\_\_\_

**\*\*For New Registrations, must submit a copy of Baptism Certificate\*\***

Date when your child was baptized: \_\_\_\_\_

Name of church and address where your child was baptized: \_\_\_\_\_

**ALL OCIC CLASSES:**

Students in grades 3 through 8 who have not received the sacraments of Reconciliation and First Holy Communion will be assigned to OCIC classes.

Grades 1 thru 4 and grades 5 thru 8 and OCIC 1 & 2 meet on alternating Sundays from 9:00 AM to 10:15 AM. Schedule with dates to follow for your child's grade.

FEES: \$130.00 for 1 child, \$180.00 for 2 children, \$200.00 for 3 or more children  
PLEASE NOTE THERE IS NO INCREASE FOR THE CCD REGISTRATION FEE FOR 2025-2026

**REMINDER: THIS YEAR THERE WILL BE A \$50.00 LATE FEE PER FAMILY IF REGISTRATION FORM AND PAYMENT IS RECEIVED AFTER 7/30/2025.**

**\*\*Please provide address where ALL mail should be sent – If different from child's home address\*\***

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**OFFICE USE ONLY:**

Amount Due: \_\_\_\_\_

Baptism Certificate \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Resides in QP Parish \_\_\_\_\_

Date Paid: \_\_\_\_\_

Registered in QP Parish \_\_\_\_\_

Check # or Cash: \_\_\_\_\_