

Mary Queen of Heaven School

1326 East 57th Street

Brooklyn, NY 11234

Dear Parent/Guardian:

This document is intended to identify your child's Eucharistic Community which is not necessarily the site of his or her school community. For the purposes of this form, parish affiliation is defined as the person's **home parish**. This is the parish in which your child and family worship regularly on Sundays. **Children will receive the First Sacraments of Penance and Eucharist in the parish identified as their home parish.** According to diocesan policy, Catholics will register in the parish where they worship and offer their presence and support, financial and other wise, in said parish.

FAMILY NAME: _____

Student's Full Name	Grade
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Address _____

Telephone _____ **Email** _____

Our family participates In Sunday worship (Mass) and takes part in the life of
_____ **Catholic Church.**

Parent/Guardian Signature _____

Date _____

Parents/Guardians are asked to complete this form and return it as part of the registration or re-registration process. The information will be forwarded by the principal to your **home parish**.