

Family Last Name _____

**Religious Education Registration Form
Church of the Holy Family 2018-19**

<i>Father's Full Name:</i>	<i>Religion:</i>
<i>Mother's Full Name:</i>	<i>Religion:</i>
<i>Mother's Maiden Name:</i>	
Address (of custodial parent)	<i>Home Phone:</i>
<i>City/State/Zip:</i>	<i>Mom Cell Phone:</i>
<i>E-Mail:</i>	<i>Dad Cell Phone:</i>
Non-custodial Parent (if applicable)	<i>Religion:</i>
<i>Address:</i>	
<i>City/State/Zip:</i>	<i>E-mail:</i>
<i>Home Phone:</i>	<i>Other Phone</i>
EMERGENCY CONTACT:	<i>Relationship:</i>
<i>Home Phone:</i>	<i>Other Phone:</i>
<i>Please indicate which parish you are registered members of:</i> Holy Family ____ Holy Trinity ____ St. Pius X ____ Not Registered ____ Name of parish if outside of AFC: _____	

Children/Youth to Register (First, Middle, Last Name Please)	Birth Date	Age	Grade (Fall 2018)	Has this child been Baptized?	Has this child made their First Reconciliation?	Has this child received their 1st Communion	Has this child been Confirmed?
1.				Yes/No	Yes/No	Yes/No	Yes/No
2.				Yes/No	Yes/No	Yes/No	Yes/No
3.				Yes/No	Yes/No	Yes/No	Yes/No
4.				Yes/No	Yes/No	Yes/No	Yes/No
5.				Yes/No	Yes/No	Yes/No	Yes/No

Do any of the children enrolled have food allergies, chronic illnesses or physical limitations? Yes No
 Do any of the children have any type of learning difficulty? Yes No
 Do any of the children attend special education classes in the public school? Yes No
 If yes to any of these questions, please give the name of the child, any information we may need, and how we can help:

If you are new to our program, please indicate level of prior Religious Education training and any other information you feel would help us in working with your child/children:

REGISTRATION FEE is \$65.00 per student (3 student family cap)

Sacramental Fee is \$10.00 per student per sacrament
(2nd Grade – two sacraments; 11th grade – one sacrament)

Registration fee for 12th Graders is \$25.00

Additional fees may be collected for retreats, rallies, and/or field trips as necessary.

SACRAMENTAL PREPARATION

First Reconciliation & First Eucharist (Grade 2 or higher):

Name of child preparing: _____

Name of child preparing: _____

Confirmation (Grade 11 or higher):

Name of child preparing: _____

Name of child preparing: _____

For Internal Parish Use Only:

FEE	AMOUNT	# OF STUDENTS	TOTAL
Basic Registration Fee	\$65.00	x	
Senior Registration Fee	\$25.00	x	
Home School Fee (Gr. 1, 3-8)	\$25.00	x	
Home School Fee (Gr. 9-10)	\$45.00	x	
Reconciliation & 1 st Communion Sacramental Fee	\$20.00	x	
Confirmation Sacramental Fee	\$10.00	x	
Total Due:			
Amount Paid:			
Outstanding:			

Plans for Future Payment	Dates Paid / Cash or Check #
_____	_____
_____	_____
_____	_____

PARENT/LEGAL GUARDIAN PERMISSION

My child or children have permission to be involved in the Religious Education Programs at the Church of the Holy Family Parish, under the direction of its leadership. If a medical emergency occurs, I hereby give permission to transport my child or children to a hospital for emergency medical or surgical treatment. I will be notified as soon as possible to any emergency concerning my child. I also remain legally responsible for any personal actions taken by my child and will be liable for any damage caused by them.

Parent/ Guardian Signature

Date

Address

City

State

Home Phone

Work Phone

Cell Phone