

REGISTRATION 2010/2011

Holy Family Faith Formation

CHILD INFORMATION

Child's Legal Name _____			
Last	First	Middle/Initial	(Nickname)
Family Name (if different from child's last name) _____			
Address: _____			
Street			

City		State	Zip
Child's Birth Date: _____		Birth Place: _____	
Grade child will enter: _____		City	State
		Child is (circle one): Male Female	

CHILD'S SACRAMENTAL INFORMATION

BAPTISM: Yes No **Name of Baptismal Church:** _____

Address of Baptismal Church: _____



NOTE: A copy of the baptismal certificate MUST be included in your child's Faith Formation records.

Baptismal certificate: Attached: _____ **Already on file:** _____

Other (explain): _____

PENANCE: Yes No **Name & Place of Church:** _____

FIRST EUCHARIST: Yes No **Name & Place of Church:** _____

CONFIRMATION: Yes No **Name & Place of Church:** _____

MEDICAL PROBLEMS, MEDICATIONS/: Please specify.

SPECIAL LEARNING NEEDS: Has your child received prior evaluation for learning disorders or received special education services including counseling, special education placement or ancillary support services? Yes No If yes, please explain: _____

EMERGENCY CONTACT INFORMATION

Please list two people we can call if you cannot be reached [must be local]

Contact 1- **Name** _____ **Relationship (NOT a parent)** _____ **Phone** _____

Contact 2 - **Name** _____ **Relationship (NOT a parent)** _____ **Phone** _____

(continued on reverse side)

PARENT INFORMATION

Father's Name: _____

First Last

Mother's Name: _____

First Last Maiden Name

Status of Parents (Circle one): Married Single Separated Divorced

Student resides with (Circle one): Both parents Mother Father Other

PLEASE COMPLETE THIS SECTION IF APPLICABLE

Primary Custodial Parent: _____

Does other parent have legal access to child? Yes No

Address of non-custodial parent if he/she has access to child:

Street Address City State Zip

Step-Parent name (if applicable) _____

Legal Guardian's Name and Relationship to Child: _____

*****YOU MUST ATTACH A COPY OF CUSTODY PAPERS*****

FATHER

Phone H: _____ O: _____ C: _____

Occupation: _____ Email: _____

MOTHER

Phone H: _____ O: _____ C: _____

Occupation: _____ Email: _____

Is a second language spoken in home: No Yes If yes, please specify _____

Religion of Parents Mother: _____ Father: _____

Are you a registered member of Holy Family parish? Y N If yes: Envelope # _____

PARENT SIGNATURE: _____

TODAY'S DATE: _____

Registration Fee: \$50 for one child, \$80 for two children, \$105 for three or more children. These fees are to be paid with registration.

Sacramental Preparation Fee: First Reconciliation & First Eucharist combined, \$50; Confirmation, \$40; RCIA Adapted for Children & Youth, \$75 per student).

For Office Use only:

Child's ID Number _____

Registration Fee: Check _____ Cash _____ Amount _____ Date Received _____

Sacramental Fee: Check _____ Cash _____ Amount _____ Date Received _____