

# REGISTRATION 2011/2012 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:** \_\_\_\_\_

<p><b>MEDICAL PROBLEMS, MEDICATIONS/:</b> Please specify.</p> <p>_____</p> <p>_____</p>
<p><b>SPECIAL LEARNING NEEDS:</b> 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: _____</p> <p>_____</p>

## EMERGENCY CONTACT INFORMATION

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

Contact 1- <b>Name</b>	<b>Relationship (NOT a parent)</b>	<b>Phone</b>
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Contact 2 - <b>Name</b>	<b>Relationship (NOT a parent)</b>	<b>Phone</b>
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*(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 \_\_\_\_\_