

# REGISTRATION 2009/2010 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:** If Catholic Baptism, a copy of the baptismal certificate must be included.

**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– Name	Relationship (NOT a parent)	Phone
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Contact 2 – Name	Relationship (NOT a parent)	Phone
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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:** \$50.00 for 1 child - \$80.00 for 2 children - \$105.00 for 3 or more children  
**Sacramental Preparation Fee:** Reconciliation and Eucharist (combined) \$50.00 – Confirmation \$40.00 – RCIC - \$75.00 each child.

**For Office Use only:** Child's ID Number \_\_\_\_\_

**Registration Fee:** Check \_\_\_\_\_ Cash \_\_\_\_\_ Amount \_\_\_\_\_ Date Received \_\_\_\_\_

**Sacramental Fee:** Check \_\_\_\_\_ Cash \_\_\_\_\_ Amount \_\_\_\_\_ Date Received \_\_\_\_\_