

# FAITH FORMATION REGISTRATION 2019-20

## GRADES Preschool-5

### CATHOLIC CHURCH OF THE HOLY SPIRIT

**OFFICE USE ONLY**  
**PAID AMOUNT:** \_\_\_\_\_  
**CHECK # / CASH** \_\_\_\_\_  
**DATE** \_\_\_\_\_

**Please read carefully and print clearly.**

Registration Date: \_\_\_\_\_

CHILD(REN) LAST NAME: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address, City, Zip: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Work# (\_\_\_\_\_) \_\_\_\_\_ Cell# (\_\_\_\_\_) \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Work# (\_\_\_\_\_) \_\_\_\_\_ Cell# (\_\_\_\_\_) \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACT (OTHER THAN PARENT) IF NEITHER PARENT CAN BE REACHED:**

Name: \_\_\_\_\_ Best Phone # (\_\_\_\_\_) \_\_\_\_\_

<i>For Office Use Only</i>	Child's <b>FIRST MIDDLE &amp; LAST</b> Names	Grade in School	Age	Date of Birth	<b>Baptized*</b> <i>Catholic - or - In another faith</i>		Received Eucharist?	Received Confirmation?
					<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
					<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
					<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
					<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
					<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
					<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No

**\*Please submit a copy of each child's baptism certificate along with registration.**

\_\_\_\_\_  
 (initial) I am aware that I may request an Opt-Out Form to exclude my child from participating in the Safe Environment / Abuse Prevention Training class.

**PLEASE COMPLETE THE REVERSE SIDE**



**IN OUR EFFORTS TO BETTER SERVE THE EDUCATIONAL NEEDS OF YOUR CHILDREN PLEASE PROVIDE THE FOLLOWING INFORMATION:**

Does your child(ren) have allergies, learning and/or physical disabilities? If yes, please specify.

Child's Name

Allergy/Disabilities

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**PARENT or GUARDIAN'S WRITTEN CONSENT for FAMILY PHOTO RELEASE AUTHORIZATION**

I affirm that I am the parent or guardian of the above-named child, and I hereby  CONSENT /  DO NOT CONSENT to the use of his/her photographic or video image for use in the Faith Formation Program at Holy Spirit Parish. These images may also appear on our parish web page. I further affirm that I have the right to issue such consent.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Our family is registered in this parish:	Yes	No	: <i>If not, please request and complete a PARISH REGISTRATION FORM today.</i>		
Our family attends Mass:	Weekly	Monthly	Seldom	Never	
Our children attended Faith Formation last year:	Weekly	Monthly	Seldom	Never	
Our children will attend Faith Formation this year:	Weekly	Monthly	Seldom	Never	

I can help :    Teach Faith Formation    Occasionally sub in class    Spirit Nite    VBS    Sports

Other help: \_\_\_\_\_

**BY LISTING THE NAMES OF THE PEOPLE BELOW YOU ARE ALLOWING OUR FAITH FORMATION TEACHERS TO RELEASE YOUR CHILDREN TO THEM:**

NAME / RELATIONSHIP \_\_\_\_\_

NAME / RELATIONSHIP \_\_\_\_\_

NAME / RELATIONSHIP \_\_\_\_\_

NAME / RELATIONSHIP \_\_\_\_\_

NAME / RELATIONSHIP \_\_\_\_\_

**REGISTRATION FEE:    One child - \$20.00\*    Each additional child - \$15.00\***

\*Registration fee for Grades Preschool-5th students only. **Sacramental Catechesis fees are ADDITIONAL \$20.00 for each child receiving his/her First Holy Communion.**  
Make checks payable to: *Catholic Church of the Holy Spirit* . Registration forms are due by **August 12, 2019**. Please return to Corina at the office/registration table or place in the offertory.