

Religious Ed Fees: Make checks payable to Holy Family
\$115 per student/\$295 family max tuition for parishioners – K - 12th Grade
\$40 per student preparing for Reconciliation, Eucharist, and Confirmation
\$215 per student non-parishioner tuition per student

For office use only
Date Paid _____
Paid Check # _____
Paid Cash _____
Amount Paid _____

HOLY FAMILY RELIGIOUS EDUCATION REGISTRATION FORM

2016-2017

FAMILY INFORMATION

FAMILY NAME _____ Parish Number _____
(Found on your parish envelopes)

MOTHER'S NAME _____ FATHER'S NAME _____

NAMES OF CHILDREN BEING REGISTERED (for Religious Ed) (16/17 school year)

Grade _____

Grade _____

Grade _____

STUDENT(S) ADDRESS _____

STUDENT(s) HOME PHONE # _____

STUDENT(s) LIVES WITH ----- MOTHER _____ FATHER _____ BOTH _____

PARENT EMAIL (please print clearly) _____

ADDRESS/PHONE OF MOTHER (if different) _____

ADDRESS/PHONE OF FATHER (if different) _____

CELL PHONE: MOTHER _____ FATHER _____

WORK PHONE: MOTHER _____ FATHER _____

Emergency contact person if parent cannot be reached:

NAME _____ PHONE _____

FAMILY DOCTOR _____ PHONE _____

FAMILY HEALTH PLAN & NUMBER _____

We are happy that your child(ren) will be participating in our Religious Education program. For our records and for any possible emergencies that might arise, we ask that you please fill out and sign this form. I understand that this program will take place on the parish grounds and that my child(ren) will be under the supervision of the authorized parish personnel. In case of an emergency, I grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.

SIGNATURE _____ DATE _____

HOLY FAMILY RELIGIOUS EDUCATION
STUDENT INFORMATION

STUDENT NAME _____ K – Grade 6 _____ Sunday, 11:30–12:45
Grade **OR**
_____ Monday, 5:00-6:15
Grade
GRADE 7-8 _____ Tuesday, 6:30-8:30 pm - St. Joseph Center
Grade
GRADES 9-12 _____ Sunday, 11:30-2:30 pm - St. Joseph Center
(Confirmation)

DATE OF BIRTH _____ School Attending _____

SACRAMENTS RECEIVED:

BAPTISM:

At Holy Family _____ Other _____
Church City Date

RECONCILIATION:

At Holy Family _____ Other _____
Church City Date

EUCCHARIST:

At Holy Family _____ Other _____
Church City Date

CONFIRMATION:

At Holy Family _____ Other _____
Church City Date

He/She is allergic to _____

Please note any specific problems _____



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