

Holy Family Parish School of Religion Preschool-6th Grade 2018-2019 Registration

Family Name

OFFICE USE ONLY					
Received by: _____	Recorded by: _____	Fees due: _____	Scholarship: _____	Fees Paid: _____	Date Paid: _____
Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Payment Plan <input type="checkbox"/> Amount Paid Includes Sacrament fees					
Payment Plan: (1 st) _____		(2 nd) _____		(3 rd) _____	
<small>Amount and date</small>		<small>Amount and date</small>		<small>Amount and date</small>	

Family/Emergency Information (Child's info on back of form)

Family Last Name:		
Father's Full Name:		Child Lives With? ___Yes ___No
Mother's Full Name:		Child Lives With? ___Yes ___No
Custodial Guardian (if other than parents listed above):		
Mailing Address:		
City:	State: WA	Zip:
Mother's Email:	Father's Email:	
Mother's Cell:	Father's Cell:	
Mother's Work:	Father's Work:	
Home Phone:		
Mother-Catholic? ___Yes ___No	Father-Catholic? ___Yes ___No	
Registered in this Parish? ___Yes ___No	Envelope ID#:	
If No, which Parish are you registered with?		
Out of Area Emergency Contact:		Relationship:
Emergency Contact Area Code and Phone:		
In an emergency the following person(s) have permission to take your children with them:		
Name:	Relationship:	Area Code and Phone:
Name:	Relationship:	Area Code and Phone:
Name:	Relationship:	Area Code and Phone:

Photography/Video Disclaimer (please initial appropriate box):

I **give permission** for pictures to be taken for the Parish School of Religion program and used for Parish social events and promotional materials such as bulletins, fliers, and the Parish Website.

I **do not give permission** for pictures to be taken for the Parish School of Religion program and used for Parish social events and promotional materials such as bulletins, fliers, and the Parish Website.

Policies & Guidelines: Please initial that you have received, reviewed, and agree to abide by our policies.

Fees: \$40 per child in preschool-6th grades + \$40 additional per child registered for 2018-2019 Reconciliation/Eucharist 2nd year only

Please complete one section for each child you are registering in Preschool-6th grade. (Sacrament registration separate.)

Child First and Last Name:			
Birth Date: / /	Age:	2018-2019 Grade:	Sex: Male Female
School:			
Sacraments Already Received (mark each below)			
Baptism ___ Yes ___ No	Reconciliation ___ Yes ___ No	Eucharist ___ Yes ___ No	
List allergies, current medications, glasses/contacts, physical/mental/learning disabilities, dietary needs, or other pertinent information:			
Session Choice:	<input type="checkbox"/> Wednesday 6:30-7:45 preschool-sixth grade	<input type="checkbox"/> Sunday 10:30-11:30 preschool only	
OFFICE USE ONLY			
<input type="checkbox"/> Registration Fee: \$40	<input type="checkbox"/> Sacrament Preparation Fee: \$40 RCIC ____ R/E ____	Total Fees: \$	

Child First and Last Name:			
Birth Date: / /	Age:	2018-2019 Grade:	Sex: Male Female
School:			
Sacraments Already Received (mark each below)			
Baptism ___ Yes ___ No	Reconciliation ___ Yes ___ No	Eucharist ___ Yes ___ No	
List allergies, current medications, glasses/contacts, physical/mental/learning disabilities, dietary needs, or other pertinent information:			
Session Choice:	<input type="checkbox"/> Wednesday 6:30-7:45 preschool-sixth grade	<input type="checkbox"/> Sunday 10:30-11:30 preschool only	
OFFICE USE ONLY			
<input type="checkbox"/> Registration Fee: \$40	<input type="checkbox"/> Sacrament Preparation Fee: \$40 RCIC ____ R/E ____	Total Fees: \$	

Child First and Last Name:			
Birth Date: / /	Age:	2018-2019 Grade:	Sex: Male Female
School:			
Sacraments Already Received (mark each below)			
Baptism ___ Yes ___ No	Reconciliation ___ Yes ___ No	Eucharist ___ Yes ___ No	
List allergies, current medications, glasses/contacts, physical/mental/learning disabilities, dietary needs, or other pertinent information:			
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OFFICE USE ONLY			
<input type="checkbox"/> Registration Fee: \$40	<input type="checkbox"/> Sacrament Preparation Fee: \$40 RCIC ____ R/E ____	Total Fees: \$	

*If more than three children in preschool-6th grade please ask Children's Ministry Coordinator for another form.