

HOLY NAME FAITH FORMATION REGISTRATION 2011-12

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____

Address/contact information of custodial parent:

Name: _____ Home Phone: _____ Cell Phone: _____

Email: _____ Address: _____ City: _____ State: _____ Zip: _____

Address of non-custodial parent (if applicable):

Name: _____ Home Phone: _____ Cell Phone: _____

Email: _____ Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Dual Parent Reporting: Archdiocesan Policy #5124 states, "Unless otherwise decreed in the Order of Dissolution, information commonly made available to parents of any student in attendance should be provided to both parents."

<i>Children/Youth to Register First, Middle, Last Name Please</i>	<i>Birth Date</i>	<i>Gender</i>	<i>Age</i>	<i>Grade</i>	<i>Baptism</i>	<i>Reconciliation</i>	<i>Communion</i>	<i>Confirmation</i>
1.					<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>
2.					<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>
3.					<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>
4.					<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>
5.					<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>

Do any of the above children have a chronic illness or physical limitation? Yes No

Do any of the above children have any type of learning difficulty? Yes No

Do any of the above children attend special education classes in school? Yes No

If yes to any of the above questions, please give the name of the child, any information we may need, and how we can help:

If you are new to our program, please indicate level of prior Faith Formation training and any other information you feel would help us in working with your child/children:

Please complete other side.

Media Release and Authorization

I understand that by signing this Release and Authorization I hereby grant authority to Holy Name Faith Formation for the use of any videotapes, photographs, or similar items in which my child/children might appear, or statement made by them, in the production, display or sale of public service announcements.

Parent/Guardian signature

Date

Registration Fee:

Fees will be due in September 2011.

Registration fees are \$45 per child (maximum \$120 per family).

Sacramental fees are \$10 per child.

Additional fees may be collected for retreats, rallies, and/or field trips as necessary.

Please indicate below any special circumstances making payment of fees a hardship. Partial payment of fees and/or a planned payment schedule will be gladly accepted. No one will be denied faith formation.

Office Use Only

Date paid: _____

Check #: _____

Amount paid: _____

Seeds of Faith: _____

Notes:
