

Billing	Amount	Date	Cash/Check/Credit
Acct			
Paid			
Bal Due			

Office  
Use  
Only

Grade	Teacher	1 <sup>st</sup> Yr.	F.H.C.	P. C.	RCIA



Special Notes:

Office Use Only

# HOLY FAMILY

## CATHOLIC COMMUNITY

### Religious Education

### FAMILY REGISTRATION FORM

\* All questions in red are required

**NOTE: REGISTRATION FEE IS NON-REFUNDABLE**  
**FEES ARE DUE AT TIME OF REGISTRATION**

* Father's First Name:	<input type="text"/>
*Mother's First Name:	<input type="text"/>
*Family Last Name:	<input type="text"/>
*Phone number:	<input type="text"/>
*Home address:	<input type="text"/>
*City:	<input type="text"/>

*Zip/Postal Code:	<input type="text"/>
*Are you registered in the parish?	YES/NO
*Envelope Number:	<input type="text"/>
* Emergency Contact Name & Relationship:	<input type="text"/>
*Emergency Contact Phone #:	<input type="text"/>
*Language(s) spoken at home:	<input type="text"/>
* Mother's Maiden Name	<input type="text"/>
*Mother's Marital Status:	<input type="text"/>
*Mother's Religion:	<input type="text"/>
*Mother's Work #:	<input type="text"/>
*Mother's Cell Phone #:	<input type="text"/>
Mother's E-mail Address:	<input type="text"/>
*Father's Religion:	<input type="text"/>
*Father's Marital Status:	<input type="text"/>
* Father's Work Number:	<input type="text"/>
*Father's Cell Phone:	<input type="text"/>
Father's E-Mail Address:	<input type="text"/>
* Child's First Name:	<input type="text"/>
Child's Middle Name:	<input type="text"/>
*Child's Last Name:	<input type="text"/>
	<input type="text"/>

\*Birthdate:

\*City and State of Birth:

\*Gender:

\*Age:

\*Grade in 2017-2018:

What is the last year of religious education your child has attended?

\*Was this child Baptized:

\*Has your child celebrated Reconciliation (Confession)?

Please check your child's allergies:

Hay Fever

Asthma

Poison Oak/Ivy

peanut butter

Nuts

Penicillin

Bee Sting

Dairy

Other Allergies:

Special Needs?  
Please Specify:

2nd Child's First Name:

2nd Child's Middle Name:

2nd Child's Last Name:

2nd Child's Birthdate:

2nd Child's City and State of Birth:

2nd Child's Gender:

2nd Child's Age:

2nd Child's **Grade 2017-2018**:

2nd Child's last year of religious education:

2nd Child was Baptized?

2nd Child's has celebrated Reconciliation (Confession)?

Please check your child's allergies:

Hay Fever

Asthma

Poison Oak/Ivy

peanut butter

Nuts

Penicillin

Bee Sting

Dairy

Other Allergies:

Special Needs?  
Please Specify:

3rd Child's First Name:	
3rd Child's Middle Name:	
3rd Child's Last Name:	
3rd Child's Birthdate:	
3rd Child's City and State of Birth:	
3rd Child's Gender:	
3rd Child's Age:	
3rd Child's <b>Grade 2017-2018</b> :	
3rd Child's last year of religious education they attended:	
3rd Child was Baptized:	
3rd Child celebrated Reconciliation (Confession):	
<p data-bbox="381 1060 933 1102">Please check your child's allergies:</p>	<div data-bbox="959 961 1442 1024"><input type="checkbox"/> Hay Fever</div> <div data-bbox="959 1031 1442 1094"><input type="checkbox"/> Asthma</div> <div data-bbox="959 1100 1442 1163"><input type="checkbox"/> Poison Oak/Ivy</div> <div data-bbox="959 1169 1442 1232"><input type="checkbox"/> peanut butter</div> <div data-bbox="959 1239 1442 1302"><input type="checkbox"/> Nuts</div> <div data-bbox="959 1308 1442 1371"><input type="checkbox"/> Penicillin</div> <div data-bbox="959 1377 1442 1440"><input type="checkbox"/> Bee Sting</div> <div data-bbox="959 1446 1442 1509"><input type="checkbox"/> Dairy</div> <div data-bbox="959 1516 1442 1604">Other Allergies:</div> <div data-bbox="946 1610 1136 1673">Special Needs? Please Specify?</div>

Please be aware that you will need to provide the following documents  
for application to be completed:

**Birth Certificate**

**Baptismal Certificate**

**Online Application Print Out**

**Tuition Payable at time of Registration**

**1 Child: \$100.00**

**2 Children or More: \$175.00**

**Forms of Payment**

**Cash /Check(Payable to: HOLY FAMILY/SRE)**

Note: If paying Cash or Check Please come to the Religious Education office with  
completed application and documents.

**Credit Card**

**REGISTRATION FEE IS NON-REFUNDABLE**

**RETURNED CHECKS WILL BE CHARGED AND ADDITIONAL \$35.00**

