

Holy Family Church
Faith Formation Registration
2020-2021

Date: _____

Family Last Name: _____

Family Email Address: _____

Student Email Address (**NINTH GRADE ONLY**): _____

Street Address: _____

Phone(s): _____

City: _____ Zip: _____

Mailing (if different from above): _____

Father's first and last name: _____

Mother's first and last name: _____

Mother's Maiden name: _____

(1) Student information- Student's Name: _____

Date of Birth: _____ Sex: _____

School as of Sept 2020: _____

Grade level as of Sept 2020: _____

Baptism Date and Location: _____

First Holy Communion Date and Location: _____

(2) Student information- Student's Name: _____

Date of Birth: _____ Sex: _____

School as of Sept 2020: _____

Grade level as of Sept 2020: _____

Baptism Date and Location: _____

First Holy Communion Date and Location: _____

(3) Student information- Student's Name: _____

Date of Birth: _____ Sex : _____

School as of Sept 2020: _____

Grade level as of Sept 2020: _____

Baptism Date and Location: _____

First Holy Communion Date and Location: _____

Which Mass does your family usually attend? _____

We at Holy Family believe that each child is a gift from God and deserves to be taught about His loving plan. If your child has any special needs, please let us know so that we may be able to place him/her in a class where he/she will be able to learn in an atmosphere which best suits his/her needs. Please list any information that we should have listed on file: Learning Disabilities, Handicaps, Allergies, Etc. (This information is confidential)

PARENT/GUARDIAN'S

SIGNATURE _____

Cost is \$40 per student with a \$100 cap per family (please let us know if you cannot pay this amount).

\$ _____

Form of Payment _____

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