

Holy Name Religious Education Registration

 PARISHIONER FAMILY NAME Mother/Father Envelope #

 STREET ADDRESS

 CITY, STATE, ZIP

 PHONE (H) PHONE (C) PRIMARY E-MAIL

Please list your child(ren) that you wish to enroll and re-enroll in Religious Education

<u>Child's Full Name</u>	<u>Grade in Fall</u>	<u>Sacraments Received</u>
_____	_____	Baptism ___ 1st Rec. ___ 1st Comm. ___ Conf. ___
_____	_____	Baptism ___ 1st Rec. ___ 1st Comm. ___ Conf. ___
_____	_____	Baptism ___ 1st Rec. ___ 1st Comm. ___ Conf. ___
_____	_____	Baptism ___ 1st Rec. ___ 1st Comm. ___ Conf. ___

Baptismal Certificate required if your child was baptized at a church other than Holy Name.

Fees

Religious Ed \$40 for one child, \$70 for two or more

EDGE - 6th - 8th \$25 per child. Does not include costs associated with a social.

Sacramental Prep - \$25 per child 2nd Gr. 1st Rec. and 1st Comm. /\$40 per child 8th Gr. Conf.

No child will be turned away for lack of funds (please discuss with Joe).

OFFICE USE ONLY

Date Form Received _____

Emergency Form Complete Yes / No RCIA Family Yes / No
 Fees K thru 8 _____ Date Paid _____

Check # _____ Balance Due _____

EMERGENCY INFORMATION

Where can you usually be reached during your child(ren)'s RE class time?

Home___ Church___ Other:_____

Medical Conditions and Allergies_____ Current Medications_____

Learning Challenges or if child has an IEP_____

CONTACT INFORMATION

PARENT 1

_____ Phone_____

Cell Phone_____

PARENT 2

_____ Phone_____

Cell Phone_____

GUARDIAN

_____ Phone_____

Cell Phone_____

EMERGENCY - If one of us cannot be reached, please contact:

NAME_____ Phone_____

PHYSICIAN_____ Phone_____

HOSPITAL_____

If we, or the authorized physician cannot be reached at the time of the emergency, and if immediate observation or treatment is urgent, in the judgment of the SMRE administration, we hereby authorize and direct that the child (properly accompanied) be taken to the physician or hospital of choice.

DATE_____

PARENT/GUARDIAN SIGNATURE(S)_____