

## Holy Spirit Religious Education Registration Form

Child's Full Name	Date of Birth

<b>2019/20</b>	20__ / __	20__ / __	20__ / __	20__ / __	20__ / __	20__ / __
Age__	Age__	Age__	Age__	Age__	Age__	Age__
Grade__	Grade__	Grade__	Grade__	Grade__	Grade__	Grade__
Day__	Day__	Day__	Day__	Day__	Day__	Day__
_____	_____	_____	_____	_____	_____	_____

### PLEASE PRINT CLEARLY

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Family Name (If different from child's) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mom Cell: \_\_\_\_\_ Dad Cell: \_\_\_\_\_ Work/Other Number: \_\_\_\_\_

Child lives with: *Both Parents* \_\_\_\_\_ *Mom (only)* \_\_\_\_\_ *Dad (only)* \_\_\_\_\_ *Other* \_\_\_\_\_  
(Name of legal guardian)

E-mail: \_\_\_\_\_

**Are You Interested in Volunteering?**      YES \_\_\_\_\_      NO \_\_\_\_\_

**Religious Education Class Fees: \$60 per child, \$110 for 2 children and \$150 for three or more**  
 (Partial scholarship application available for financial hardship)

**Registered Parishioner**      Y/N

**Baptismal Information:**      Holy Spirit    Y/N

**Copy Attached**      Y/N

All younger children must be signed in and out of class. Please let us know who is authorized to pick up your child, and list a contact phone number.

**VERY IMPORTANT-PLEASE PRINT CLEARLY!**

I authorize the following adult(s) to drop off/pick-up my child:

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

<b><u>For Office Use Only</u></b>		DATE: _____
FLOCKNOTE _____	MEDICAL RELEASE _____	TUITION RECEIVED _____
CHECK# _____	CASH _____	BALANCE DUE _____

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