

# Holy Spirit Religious Education Registration Form

Child's Full Name	Date & Place of Birth

**2020/21**   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 _____

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

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

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