

HOLY NAME FAITH FORMATION REGISTRATION 2010-11

Father's Name: _____

Address of father: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Father's Religion: _____

Mother's Name: _____

Address of mother (if different than above): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Mother's Religion: _____

Family E-mail: _____

Registered Members of: _____ St. Boniface Garner _____ St. Wenceslaus Duncan

Dual Parent Reporting: Archdiocesan Policy #5124 states, "Unless otherwise decreed in the Order of Dissolution, information commonly made available to parents of any student in attendance should be provided to both parents. Please provide information for both parents.

Emergency Contact Name (other than parent):

Name: _____

Home Phone: _____ Cell Phone: _____

Children/Youth to Register

First and Last Name: _____

Date of Birth: _____ M/F: _____ Grade 2010/11: _____

Baptized: Yes/No Reconciliation: Yes/No Communion: Yes/No Confirmation: Yes/No

First and Last Name: _____

Date of Birth: _____ M/F: _____ Grade 2010/11: _____

Baptized: Yes/No Reconciliation: Yes/No Communion: Yes/No Confirmation: Yes/No

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Baptized: Yes/No Reconciliation: Yes/No Communion: Yes/No Confirmation: Yes/No

First and Last Name: _____

Date of Birth: _____ M/F: _____ Grade 2010/11: _____

Baptized: Yes/No Reconciliation: Yes/No Communion: Yes/No Confirmation: Yes/No

Do any of the above children have a chronic illness or physical limitation? Yes No

Do any of the above children have any type of learning difficulty? Yes No

Do any of the above children attend special education classes in school? Yes No

If yes to any of the above questions, please give the name of the child, any information we may need, and how we can help:

If you are new to our program, please indicate level of prior Faith Formation training and any other information you feel would help us in working with your child/children:

Media Release and Authorization

I understand that by signing this Release and Authorization I hereby grant authority to Holy Name Faith Formation for the use of any videotapes, photographs, or similar items in which my child/children might appear, or statement made by them, in the production, display or sale of public service announcements.

Parent/Guardian signature

Date

Registration Fee:

Registration fees paid by June 30, 2010 are \$40 per child (maximum \$120 per family).
Registration fees after June 30, 2010 are \$45 per child (maximum \$135 per family).

Additional fees may be collected for retreats, rallies, and/or field trips as necessary.

Please indicate below any special circumstances making payment of fees a hardship. Partial payment of fees and/or a planned payment schedule are gladly accepted. No one will be denied faith formation.

Office Use Only

Date registered: _____

Check #: _____

Amount paid: _____

Seeds of Faith: _____

Notes:
