



**K-8 Religious Education Program 2017-2018  
School Year Registration Form**

**Sundays from 12:15 1:30 PM  
(Start Date: September 10<sup>th</sup>)**

*Please Print*

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
                             First                      Middle                      Last

City & State of Birth \_\_\_\_\_ (x) Public School \_\_\_\_\_ Homeschool \_\_\_\_\_

Sacraments Received (Circle All That Apply): Baptism              Reconciliation              Holy Communion

Registered Parishioner of what Parish? *City and State required:*

\_\_\_\_\_

\_\_\_\_\_

**Child resides with:** (x) Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

*Please Print*

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
                             First                      Middle                      Last                              First                      Maiden

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

Religious Education History  
(Name of parish, school or home)

Grade 1 \_\_\_\_\_

Grade 2 \_\_\_\_\_

Grade 3 \_\_\_\_\_

Grade 4 \_\_\_\_\_

Grade 5 \_\_\_\_\_

Grade 6 \_\_\_\_\_

Grade 7 \_\_\_\_\_



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### HEALTH HISTORY AND MEDICAL RELEASE FORM FOR PARISH PROGRAMS/ACTIVITES

In case of an emergency, I give Holy Spirit Roman Catholic Church permission to seek emergency medical care for my child, and I recognize that I am financially responsible.

Please indicate any necessary medical or YOUR important information regarding your child:

**SIGNATURE** \_\_\_\_\_

FAMILY DOCTOR

PHONE

HOSPITAL

SECONDARY EMERGENCY NO.

RELATION

### Tuition

Standard Rate - \$50.00 per family

Home school Children - \$20.00 each child (book fee)

### For Office Use

Date Paid \_\_\_\_\_ Check No. \_\_\_\_\_