HOLY SPIRIT PARISH
REGISTRATION FORM FOR RELIGIOUS FORMATION

Name: _____ Birth Date: _____
Last Name Child's First Name

Address: _____ Phone No.: _____
Street Town Zip
E mail address _____

Father's Name: _____ Religion: _____
Last First
Mother's Name: _____ Religion: _____
Last First Maiden

Father's Work Phone: _____ Mother's Work Phone: _____

In an Emergency Contact: _____ Phone No.: _____

Date Entering Rel.Formation.: _____ Grade _____

Name of Public School: _____ Town: _____

Did your child have previous religious education? Yes _____ No _____
If Yes, Name of Church _____

Does your child have any learning disabilities or allergies? Yes _____ No _____
If Yes, please explain_____

SACRAMENT DATA

Baptism Date: _____ Church: _____
Town: _____State: _____

First Eucharist Date: _____ Church: _____
Town: _____State: _____
Penance received: _____Yes _____No

I WILL HELP IN THE RELIGIOUS FORMATION PROGRAM:

Teaching: _____ Assistant: _____ Substitute: _____

If your child was not baptized in Holy Spirit Parish, we need a copy of the baptismal certificate.

TUITION: 1 child - $75.00, additional children $50.00 each
Please make checks payable to: Holy Spirit Church

Registrants must be participating registered members of Holy Spirit Parish.