

HOLY SPIRIT CATHOLIC CHURCH FAITH FORMATION REGISTRATION 2011-2012



Parent's Name: _____ Family Phone: _____
 Street Address: _____ Dad's Cell: _____
 City, State, Zip: _____ Mom's Cell: _____
 Email Address #1: _____
 Email Address #2: _____

Emergency Contact if Parents cannot be reached:

Child(ren) lives with: _____
 Both Parents: _____ Mother Only: _____ Father Only: _____

Name: _____
 Phone: _____

Faith Reaching Everyone

Student Information	Child 1	Child 2	Child 3	Child 4
First Name				
Last Name (if different from family)				
Gender				
Grade in 2011-12				
Special Needs (Allergic, Asthma, IEP)				

If your child has special needs please speak with your program coordinator. Understanding each child's needs requires more than a few words on a form. In some cases, parents will be asked to attend classes with their child.

**RATES IF REGISTERING
BY 5/31/2011**
 \$60/Child
 Maximum Family Tuition
 \$150
**RATES IF REGISTERING
AFTER 5/31/2011**
 \$70/child
 Maximum Family Tuition
 \$200

**Contact Fr. Don Schmitz
for FiRE Scholarships
280-0638 Ext.12**

**Contact Carolyn Real
for info on the
Home Program (Gr. 1-5)
280-0638 Ext.15**

SESSION TIMES	<i>Please place a ✓ in the appropriate box to specify session time for each child.</i>			
Sun. (Gr. 1-5) 8:30 AM - 9:45 AM				
First Sundays (Gr. 6-12) 11 AM - 2 PM				
Wed. (Gr. 1-5) 6:15 PM - 7:30 PM				
Wed. (Gr. 6-8) 6:15 PM - 7:30 PM				
Wed. (Gr. 9-12) 6:15 PM - 7:30 PM				

	# Children	X Fee	=			
		Subtotal	=			
		Minus Catechist Credit	=	-		
		Total	=			

OFFICE ONLY

Date _____
 Fee _____
 Check # _____
 Amt. Paid _____

*It is common practice for Holy Spirit Parish to use photographs on our parish website and in parish publications.
 I give my consent for my child(ren) listed on this form to be photographed with the understanding that these photos may be used.
 Yes No (please circle one)*

 Parent Signature

 Date