

## Holy Family Faith Formation 2020 – 2021 Registration

**Family Name** \_\_\_\_\_

Are you active registered members of Holy Family Parish? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Father's Information**

Father's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Religion \_\_\_\_\_

**Mother's Information**

Mother's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Religion \_\_\_\_\_

**Step-Parent Information** (If residing with registered child(ren))

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**If you are new to this program, please send us a copy of Baptismal Certificate and letter from your previous parish stating classes attended.**

Child's Name	Sex (M/F)	Date of Birth	Place of Birth	School Grade	Baptism Date/Parish	Penance Date/Parish	Eucharist Date/Parish

**Learning Disabilities (please explain)** \_\_\_\_\_

**Allergies (please explain)** \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Contact Phone # \_\_\_\_\_  
Emergency Physician \_\_\_\_\_ Physician Phone # \_\_\_\_\_  
Hospital Preference \_\_\_\_\_

I give permission for the following people to sign out and pick up my child(ren):

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ **Emergency Medical Authorization:** In the event reasonable attempt to contact me and the emergency physician listed above have been unsuccessful, I hereby give my consent to the administration of emergency medical treatment by any licensed physician or dentist and to transport my child(ren) to any reasonably accessible hospital facility.

\_\_\_\_\_ **My child(ren)'s photograph(s) may appear on Holy Family's Website.**

\_\_\_\_\_ **My child(ren) may participate in field trips and/or outside activities off Holy Family's grounds. (There will be separate prior notification before each trip.)**

Parent/Guardian Authorizing Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use Only

Fees \$30.00 single child or \$60.00 for family of two or more

Registration Fee of \$ \_\_\_\_\_ Deposit # \_\_\_\_\_ Ck \_\_\_\_\_ Cash \_\_\_\_\_

Received by \_\_\_\_\_

Registration Fee was not paid today \_\_\_\_\_