

**HOLY FAMILY PARISH
FAITH FORMATION REGISTRATION FORM
2009 - 2010**

Date of Registration: _____ **Email Address:** _____

Family Last Name: _____

Street Address: _____ **Phone:** _____

City/Town: _____ **Zip:** _____

Mailing Address (if different from above): _____

Name of Emergency Contact: _____

Emergency Phone Number: _____

Father/Guardian **Mother/Guardian**
Last Name: _____ **First:** _____ **Maiden Name:** _____ **First:** _____
Religion: _____ **Cell/Work#** _____ **Religion:** _____ **Cell/Work#** _____

Students Name: _____
BIRTHDATE: ___/___/___ **SCHOOL:** _____ **GRADE** (in Sept.): _____
1ST CHOICE SUNDAY MONDAY WEDNESDAY **2ND CHOICE** SUNDAY MONDAY WEDNESDAY

Students Name: _____
BIRTHDATE: ___/___/___ **SCHOOL:** _____ **GRADE** (in Sept.): _____
1ST CHOICE SUNDAY MONDAY WEDNESDAY **2ND CHOICE** SUNDAY MONDAY WEDNESDAY

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What Mass does your family usually attend? 4:00PM - 7:30AM - 9:00AM - 10:30AM - 11:45AM

We at Holy Family believe that each child is a gift from God and deserves to be taught about His loving plan. If your child has any special needs, please let us know so that we may be able to place him/her in a class where he/she will be able to learn in an atmosphere which best suits his/her needs. Please list any information that we should have listed on file: Learning Disabilities, Handicaps, Allergies, Etc. (This information is confidential)

PARENT/GUARDIAN'S SIGNATURE: _____

OFFICE USE ONLY:
DATE RECEIVED: _____ TIME RECEIVED: _____ RECEIVED BY: _____
PAYMENT ENCLOSED: _____ CHECK NUMBER: _____