

**HOLY FAMILY PARISH  
FAITH FORMATION REGISTRATION FORM  
2017 - 2018**

**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:** \_\_\_\_\_

<b>Father/Guardian</b>	<b>Mother/Guardian</b>
<b>Last Name:</b> _____ <b>First:</b> _____	<b>Maiden Name:</b> _____ <b>First:</b> _____
<b>Religion:</b> _____ <b>Cell/Work#</b> _____	<b>Religion:</b> _____ <b>Cell/Work#</b> _____

**Students Name** \_\_\_\_\_  male  female  
**BIRTHDATE** \_\_\_/\_\_\_/\_\_\_ **SCHOOL** \_\_\_\_\_ **GRADE** (in Sept.) \_\_\_\_\_  
**1<sup>ST</sup> CHOICE**  SUNDAY  MONDAY  SATURDAY **2<sup>ND</sup> CHOICE**  SUNDAY  MONDAY  SATURDAY  
**3<sup>RD</sup> CHOICE**  HOME PROGRAM **4<sup>th</sup> CHOICE** Grade 6 only  10:30 Mass

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

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**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** \_\_\_\_\_

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OFFICE USE ONLY:  
DATE RECEIVED \_\_\_\_\_ TIME RECEIVED \_\_\_\_\_ RECEIVED \_\_\_\_\_  
BY \_\_\_\_\_ AYMENT ENCLOSED \_\_\_\_\_ CHECK \_\_\_\_\_  
NUMBER \_\_\_\_\_