

Holy Name of Jesus Catholic Community Faith Formation Registration Form

Fees: \$50/Student

(New parishioners please submit Parish Registration Form also.)

FAMILY INFORMATION

Family Name: _____
Address: _____
City: _____ Zip Code: _____
Home Phone: _____ Unlisted? Y N
Cell Phone: _____ Email: _____

PARENT/ LEGAL GUARDIAN INFORMATION

Name: _____ Name: _____
Relationship to Child: _____ Relationship to Child: _____
Phone: _____ Phone: _____
Religion: _____ Religion: _____
Marital Status: _____ Marital Status: _____

Parent/ Legal Guardian Signature _____

ADDITIONAL FAMILY INFORMATION

Student(s) lives with: Mother Father Both Parents Other: _____

What is the primary language spoken in the home? _____

In the event of an EMERGENCY, if you are unable to reach me, please contact the following:

Name: _____ Relationship: _____
Address: _____ Phone #: _____
City: _____ Cell Phone: _____

Number of students from family being registered: _____ (Please list students from youngest to oldest)

1st STUDENT INFORMATION (additional Student Information forms on page 2)

Student Name: _____

Grade this year: _____ School: _____

Religion: _____ Ethnic Background: _____ Language: _____

Birth Date: ___/___/___ Sex: M___ F___ Attended here before: Y___ N___

Health Problems/Other Conditions: _____

SESSION REQUEST

Pre-K3 to Kindergarten Sunday a.m. 10:30-11:30 _____
Grades 1-6 Sunday a.m. 10:15-11:30 _____ **OR** Wednesday p.m. 6:00-7:15 _____
Grades 7-8 The Edge Wednesdays 6:00-7:30pm _____
Grades 9-12 Life Teen Sunday 6:15-8:30pm _____

SACRAMENTS RECEIVED

| | Date | Name and address of church where sacrament was received |
|---------------------------|-------------|---|
| Baptism | ___/___/___ | _____ |
| Reconciliation | ___/___/___ | _____ |
| 1 st Communion | ___/___/___ | _____ |
| Confirmation | ___/___/___ | _____ |

2nd STUDENT INFORMATION

Student Name: _____

Grade this year: _____ School: _____

Religion: _____ Ethnic Background: _____ Language: _____

Birth Date: ___/___/___ Sex: M___ F___ Attended here before: Y___ N___

Health Problems/Other Conditions: _____

SESSION REQUEST

Pre-K3 to Kindergarten Sunday a.m. 10:30-11:30 _____
Grades 1-6 Sunday a.m. 10:15-11:30 _____ **OR** Wednesday p.m. 6:00-7:15 _____
Grades 7-8 The Edge Wednesday 6:00-7:30pm _____
Grades 9-12 Life Teen Sunday 6:15-8:30pm _____

SACRAMENTS RECEIVED

| | Date | Name and address of church where sacrament was received |
|---------------------------|-------------|---|
| Baptism | ___/___/___ | _____ |
| Reconciliation | ___/___/___ | _____ |
| 1 st Communion | ___/___/___ | _____ |
| Confirmation | ___/___/___ | _____ |

3rd STUDENT INFORMATION

Student Name: _____

Grade this year: _____ School: _____

Religion: _____ Ethnic Background: _____ Language: _____

Birth Date: ___/___/___ Sex: M___ F___ Attended here before: Y___ N___

Health Problems/Other Conditions: _____

SESSION REQUEST

Pre-K3 to Kindergarten Sunday a.m. 10:30-11:30 _____
Grades 1-6 Sunday a.m. 10:15-11:30 _____ **OR** Wednesday p.m. 6:00-7:15 _____
Grades 7-8 The Edge Wednesday 6:00-7:30pm _____
Grades 9-12 Life Teen Sunday 6:15-8:30pm _____

SACRAMENTS RECEIVED

| | Date | Name and address of church where sacrament was received |
|---------------------------|-------------|---|
| Baptism | ___/___/___ | _____ |
| Reconciliation | ___/___/___ | _____ |
| 1 st Communion | ___/___/___ | _____ |
| Confirmation | ___/___/___ | _____ |

4th STUDENT INFORMATION

Student Name: _____

Grade this year: _____ School: _____

Religion: _____ Ethnic Background: _____ Language: _____

Birth Date: ___/___/___ Sex: M___ F___ Attended here before: Y___ N___

Health Problems/Other Conditions: _____

SESSION REQUEST

Pre-K3 to Kindergarten Sunday a.m. 10:30-11:30 _____
Grades 1-6 Sunday a.m. 10:15-11:30 _____ **OR** Wednesday p.m. 6:00-7:15 _____
Grades 7-8 The Edge Wednesday 6:00-7:30pm _____
Grades 9-12 Life Teen Sunday 6:15-8:30pm _____

SACRAMENTS RECEIVED

| | Date | Name and address of church where sacrament was received |
|---------------------------|-------------|---|
| Baptism | ___/___/___ | _____ |
| Reconciliation | ___/___/___ | _____ |
| 1 st Communion | ___/___/___ | _____ |
| Confirmation | ___/___/___ | _____ |

5th STUDENT INFORMATION

Student Name: _____

Grade this year: _____ School: _____

Religion: _____ Ethnic Background: _____ Language: _____

Birth Date: ___/___/___ Sex: M___ F___ Attended here before: Y___ N___

Health Problems/Other Conditions: _____

SESSION REQUEST

Pre-K3 to Kindergarten Sunday a.m. 10:30-11:30 _____
Grades 1-6 Sunday a.m. 10:15-11:30 _____ **OR** Wednesday p.m. 6:00-7:15 _____
Grades 7-8 The Edge Wednesday 6:00-7:30pm _____
Grades 9-12 Life Teen Sunday 6:15-8:30pm _____

SACRAMENTS RECEIVED

| | Date | Name and address of church where sacrament was received |
|---------------------------|-------------|---|
| Baptism | ___/___/___ | _____ |
| Reconciliation | ___/___/___ | _____ |
| 1 st Communion | ___/___/___ | _____ |
| Confirmation | ___/___/___ | _____ |

Comments:

In what capacity can parents volunteer:

| | |
|-------------------------------------|----------------------------------|
| ___ Hospitality/Refreshments | ___ Chaperone and/or Drive |
| ___ Office Support | ___ Catechist (teacher) |
| ___ Confirmation Small Group Leader | ___ Substitute Catechist |
| ___ Fundraising | ___ Assist with Service Projects |
| ___ Phone Calls | ___ Other: _____ |

For Official Use Only:

Registration Fees: \$50/Student

Fee Paid _____

Cash/Check# _____

Tuition assistance may be available upon request