



**Holy Disciples
Whole Community Catechesis
"Breathe"
Registration 2009 - 2010**

Family Information:

Family Name: _____

Address: _____

City, State, Zip: _____ Email: _____

Phone (home): _____ Phone (work): _____

Are you registered in Holy Disciples Parish: Yes No (Circle One)

Kindergarten: Classes on Saturday or Sunday

Circle the class your child will attend: **Sat. 4:00-4:45 p.m.** **Sun. 9:30-10:15 a.m.**

Child's Name	Age
_____	_____
_____	_____

Grade 1-6: Classes on Mondays from 6:30-8:00 PM (*See calendar for Monday dates*)

Child's Name	Age	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Junior High/Senior High: 2 Sunday afternoons/month

Youth's Name	Age	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Household Adults:

Name	Age Range (circle one)						
	20-30	30-40	40-50	50-60	60-70	70-80	80-90

Fees: \$20 per child: \$55 for 3 or more children in Program

Cash _____ Check Amt _____ Check # _____ Waived _____