



For Office use only  
**Received** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Holy Disciples  
 Faith Formation for Kindergarten – 5<sup>th</sup> Grade  
 Registration 2019-2020**

**Parent Information:**

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Email (Mom): \_\_\_\_\_

Email (Dad) : \_\_\_\_\_

Cell Phone (Mom): \_\_\_\_\_ Cell Phone (Dad): \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

**Class Time Preference:**

Saturday 5:15PM – 6:15PM \_\_\_\_\_

Sunday 9:15AM – 10:15AM \_\_\_\_\_

**Note: Payment (or payment plan) must be received before classes will be assigned.**

Child's Name	Gender	DOB*	2019/ 2020 Grade	Baptized Catholic?	Had First Communion?	Receiving 1 <sup>st</sup> Comm. this year?
_____	M / F	_____	_____	Y / N	Y / N	Y / N
_____	M / F	_____	_____	Y / N	Y / N	Y / N
_____	M / F	_____	_____	Y / N	Y / N	Y / N
_____	M / F	_____	_____	Y / N	Y / N	Y / N
_____	M / F	_____	_____	Y / N	Y / N	Y / N

Is this your family's first year in Faith Formation at Holy Disciples? Y / N

Do your children attend a Catholic School? Y / N

\*DOB = Date of Birth

**Parent Volunteer Information:** We need your help to make this program a success!

Please pray about and consider a position as:

- \_\_\_\_\_ Catechist (Classroom teacher)
- \_\_\_\_\_ Classroom Aide
- \_\_\_\_\_ Substitute Catechist
- \_\_\_\_\_ Other \_\_\_\_\_

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Rcvd by \_\_\_\_\_

**Fees: \$45 per child, \$125 maximum for families -**

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Amt \_\_\_\_\_ (# in K-5 \_\_\_\_\_ # in JH \_\_\_\_\_ # in SH \_\_\_\_\_)

Waived \_\_\_\_\_ Payment plan: (1<sup>st</sup> pmt.) \_\_\_\_\_ (2<sup>nd</sup> pmt.) \_\_\_\_\_ (3<sup>rd</sup> pmt.) \_\_\_\_\_