



**Holy Disciples
Faith Formation for Kindergarten-5th Grade
Registration 2018-2019**

For Office use only
Received ____/____/____

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 _____

Child's Name	Gender	DOB*	Grade <u>2018-19</u>	Baptized Catholic?	Had First Communion?	Receiving 1 st 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 families first year in Faith Formation? Y/N **Attend 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
 _____ Catechist Appreciation Committee (Organize appreciation activity for teachers)
 _____ Other _____

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Fees: \$40 per child, \$100 maximum for families -
 Cash _____ Check # _____ Amt _____ (# in K-5 _____ # in JH _____ # in SH _____)
 Waived _____ Payment plan: (1st pmt.) _____ (2nd pmt.) _____ (3rd pmt.) _____