

HOLY SPIRIT CATHOLIC CHURCH
OFFICE OF RELIGIOUS FORMATION
PO BOX 3978, 1000 Lantana Rd.,
Lantana, FL 33465-3978

REGISTRATION FEES

\$40.00 per Child – Grades 1 through 4
\$60.00 per Child – Grades 5 through 8
\$120.00 Confirmandi - Grade 8 or 9

(561) 585-5970 - FAX (561) 585-8482
religioused@holyspiritlantana.com

September 4, 2018 thru May 15, 2019

Parish Reg. # _____ DATE _____

Student Last Name _____ First Name _____ MALE/FEMALE

Home Address _____

City _____ ZIP _____ Home Phone _____

STUDENT LIVES WITH: _____

Mother's Name _____ E-Mail _____

Text Phone _____ Cell Phone _____

Father's Name _____ E-Mail _____

Text Phone _____ Cell Phone _____

Resident Step-Parent Name _____ E-Mail _____

Text Phone _____ Cell Phone _____

EMERGENCY CONTACT – When above resident adults cannot be reached at numbers listed above.

1. Name _____ Relationship to child _____

Home Phone _____ Cell Phone 561-315-4184

EMERGENCY MEDICAL INFORMATION – MUST BE COMPLETED.

PHYSICIAN NAME: _____ PHONE NUMBER: _____

MEDICATIONS _____

ALLERGIES _____

I give Holy Spirit Catholic Church and its employee permission to call for emergency medical treatment for my child if I am unable to be reached or if the urgency of medical treatment should arise.



DATE _____

Parent/Legal Guardian Signature

FOR OFFICE USE ONLY: CLASS DAY: _____ **TIME** _____

CHILD'S LAST NAME _____ FIRST NAME _____

CATECHIST NAME _____ LEVEL _____

CHILD'S INFORMATION

DATE OF BIRTH _____ as of 8/13/18 GRADE IN SCHOOL _____

NAME OF SCHOOL _____

LIST ACTIVITIES THAT COULD INTERFERE WITH ATTENDANCE IN FAITH FORMATION SESSIONS:

SCHOOL: _____

PRIVATE LESSONS/ACTIVITIES _____

DOES YOUR CHILD HAVE ANY LEARNING DISABILITIES? _____

SACRAMENTAL INFORMATION

HAS YOUR CHILD BEEN BAPTIZED? _____ If yes, submit copy of certificate. CATHOLIC? _____

NAME OF CHURCH _____

LOCATION _____

HAS YOUR CHILD RECEIVED FIRST EUCHARIST? _____ If yes, submit copy of certificate.

NAME OF CHURCH _____

LOCATION _____

Please list any names of non-sibling persons who are authorized to drop off or pick-up your child:

_____ I.D. Submitted _____

_____ I.D. Submitted _____

I hereby authorize any of the contact names listed above to sign-in and/or sign-out my child from the Faith Formation Program. I understand that each person must present a Photo I.D. and have it recorded prior to picking up my child



_____ Date _____

Signature of Parent or Legal Guardian

FOR OFFICE USE ONLY:

AMOUNT DUE: \$ _____ PAID \$ _____ BY: _____ DATE _____

BAL. DUE \$ _____ PAID \$ _____ BY _____ DATE _____

BAL. DUE \$ _____ PAID \$ _____ BY _____ DATE _____