

HOLY SPIRIT CATHOLIC COMMUNITY

OFFICE OF RELIGIOUS FORMATION
PO BOX 3978, 1000 Lantana Rd.,
Lantana, FL 33465-3978

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

The Good Shepherd's Atrium
October 4, 2018 thru May 15, 2019
Sundays in All Saints Hall West Wing
10:15 AM TO 11:30 AM



Parish Reg. # _____ DATE _____

Student Last Name _____ First Name _____

Home Address _____ MALE/FEMALE

City _____ ZIP _____ Home Phone _____

Student lives with _____ E-Mail _____

Parent Name _____ Cell Phone _____

Parent Name _____ Cell Phone _____

Emergency Contact _____ Cell Phone _____

CHILD'S INFORMATION

DATE OF BIRTH _____ age _____ PRE- SCHOOL _____

DOES YOUR CHILD HAVE ANY LEARNING DISABILITIES? _____

SACRAMENTAL INFORMATION

HAS YOUR CHILD BEEN BAPTIZED? Yes / No CATHOLIC? Yes / No

CHURCH OF BAPTISM _____

LOCATION _____

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.

Signature of Parent or Legal Guardian Date _____

FEE: \$25.00 PAID \$ _____ BY: _____ Date _____