

# Holy Name of Jesus Catholic Community RELIGIOUS EDUCATION PROGRAM

## Registration Form

Fees: Pre-K-6th \$45/student and 7<sup>th</sup>-12<sup>th</sup> \$50/Student

### FAMILY INFORMATION

Family Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Unlisted? Y N  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____
Phone: _____	Phone: _____
Religion: _____	Religion: _____
Marital Status: _____	Marital Status: _____

Parent/ Legal Guardian Signature \_\_\_\_\_

### ADDITIONAL FAMILY INFORMATION

Student(s) lives with: Mother Father Both Parents Other: \_\_\_\_\_

If the student is not living with his or her birth mother and/or birth father, please enter the following

Birth Father: _____	Birth Mother: _____
Address: _____	Address: _____
City/State: _____	City/State: _____
Phone: _____	Phone: _____
Religion: _____ Mar. Status: _____	Religion: _____ Mar. Status: _____

What is the primary language spoken in the home? \_\_\_\_\_

**In the event of an EMERGENCY, if you are unable to reach me, please contact the following:**

Name: _____	Relationship: _____
Address: _____	Phone #: _____
City: _____	Cell Phone: _____

Number of students from family being registered: \_\_\_\_\_ (Please list students from youngest to oldest)

# 1<sup>st</sup> STUDENT INFORMATION (additional Student Information forms on page 2)

Student Name: \_\_\_\_\_

Grade this year: \_\_\_\_\_ School: \_\_\_\_\_

Religion: \_\_\_\_\_ Ethnic Background: \_\_\_\_\_ Language: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Sex: M\_\_\_ F\_\_\_ Attended here before: Y\_\_\_ N\_\_\_

Health Problems/Other Conditions: \_\_\_\_\_

## SESSION REQUEST

Pre-K3 to Kindergarten Sunday a.m. 10:30-11:30 \_\_\_\_\_  
Grades 1-6 Sunday a.m. 10:15-11:30 \_\_\_\_\_ **OR** Wednesday p.m. 6:45-8:00 \_\_\_\_\_  
Grades 7-8 The Edge Wednesdays 6:00-8:00pm \_\_\_\_\_  
Grades 9-12 Life Teen Sunday 7:15-9:00pm \_\_\_\_\_

## SACRAMENTS RECEIVED

	Date	Name and address of church where sacrament was received
Baptism	___/___/___	_____
Reconciliation	___/___/___	_____
1 <sup>st</sup> Communion	___/___/___	_____
Confirmation	___/___/___	_____

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# 2<sup>nd</sup> STUDENT INFORMATION

Student Name: \_\_\_\_\_

Grade this year: \_\_\_\_\_ School: \_\_\_\_\_

Religion: \_\_\_\_\_ Ethnic Background: \_\_\_\_\_ Language: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Sex: M\_\_\_ F\_\_\_ Attended here before: Y\_\_\_ N\_\_\_

Health Problems/Other Conditions: \_\_\_\_\_

## SESSION REQUEST

Pre-K3 to Kindergarten Sunday a.m. 10:30-11:30 \_\_\_\_\_  
Grades 1-6 Sunday a.m. 10:15-11:30 \_\_\_\_\_ **OR** Wednesday p.m. 6:45-8:00 \_\_\_\_\_  
Grades 7-8 The Edge Wednesday 6:00-8:00pm \_\_\_\_\_  
Grades 9-12 Life Teen Sunday 7:15-9:00pm \_\_\_\_\_

## SACRAMENTS RECEIVED

	Date	Name and address of church where sacrament was received
Baptism	___/___/___	_____
Reconciliation	___/___/___	_____
1 <sup>st</sup> Communion	___/___/___	_____
Confirmation	___/___/___	_____

### 3<sup>rd</sup> STUDENT INFORMATION

Student Name: \_\_\_\_\_

Grade this year: \_\_\_\_\_ School: \_\_\_\_\_

Religion: \_\_\_\_\_ Ethnic Background: \_\_\_\_\_ Language: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Sex: M\_\_\_ F\_\_\_ Attended here before: Y\_\_\_ N\_\_\_

Health Problems/Other Conditions: \_\_\_\_\_

#### SESSION REQUEST

Pre-K3 to Kindergarten Sunday a.m. 10:30-11:30 \_\_\_\_\_  
Grades 1-6 Sunday a.m. 10:15-11:30 \_\_\_\_\_ **OR** Wednesday p.m. 6:45-8:00 \_\_\_\_\_  
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#### SACRAMENTS RECEIVED

	Date	Name and address of church where sacrament was received
Baptism	___/___/___	_____
Reconciliation	___/___/___	_____
1 <sup>st</sup> Communion	___/___/___	_____
Confirmation	___/___/___	_____

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### 4<sup>th</sup> STUDENT INFORMATION

Student Name: \_\_\_\_\_

Grade this year: \_\_\_\_\_ School: \_\_\_\_\_

Religion: \_\_\_\_\_ Ethnic Background: \_\_\_\_\_ Language: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Sex: M\_\_\_ F\_\_\_ Attended here before: Y\_\_\_ N\_\_\_

Health Problems/Other Conditions: \_\_\_\_\_

#### SESSION REQUEST

Pre-K3 to Kindergarten Sunday a.m. 10:30-11:30 \_\_\_\_\_  
Grades 1-6 Sunday a.m. 10:15-11:30 \_\_\_\_\_ **OR** Wednesday p.m. 6:45-8:00 \_\_\_\_\_  
Grades 7-8 The Edge Wednesday 6:00-8:00pm \_\_\_\_\_  
Grades 9-12 Life Teen Sunday 7:15-9:00pm \_\_\_\_\_

#### SACRAMENTS RECEIVED

	Date	Name and address of church where sacrament was received
Baptism	___/___/___	_____
Reconciliation	___/___/___	_____
1 <sup>st</sup> Communion	___/___/___	_____
Confirmation	___/___/___	_____

# 5<sup>th</sup> STUDENT INFORMATION

Student Name: \_\_\_\_\_

Grade this year: \_\_\_\_\_ School: \_\_\_\_\_

Religion: \_\_\_\_\_ Ethnic Background: \_\_\_\_\_ Language: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Sex: M \_\_\_ F \_\_\_ Attended here before: Y \_\_\_ N \_\_\_

Health Problems/Other Conditions: \_\_\_\_\_

## SESSION REQUEST

Pre-K3 to Kindergarten Sunday a.m. 10:30-11:30 \_\_\_\_\_  
Grades 1-6 Sunday a.m. 10:15-11:30 \_\_\_\_\_ **OR** Wednesday p.m. 6:45-8:00 \_\_\_\_\_  
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## SACRAMENTS RECEIVED

	Date	Name and address of church where sacrament was received
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Reconciliation	___/___/___	_____
1 <sup>st</sup> Communion	___/___/___	_____
Confirmation	___/___/___	_____

Comments:

\_\_\_\_\_  
\_\_\_\_\_

### *In what capacity can parents volunteer:*

___ Hospitality/Refreshments	___ Chaperone and/or Drive
___ Office Support	___ Catechist (teacher)
___ Confirmation Small Group Leader	___ Substitute Catechist
___ Fundraising	___ Assist with Service Projects
___ Phone Calls	___ Other: _____

### *For Official Use Only:*

Fee Paid \_\_\_\_\_

Cash/Check# \_\_\_\_\_

### Registration Fees:

Pre-K – 6<sup>th</sup> \$45/Student

Teens \$50/Student

Tuition assistance may be available upon request