



For Office use only

Received ___ / ___ / ___

**Holy Disciples
Faith Formation for Kindergarten-5th Grade
Registration 2017-2018**

Parent Information:

Parent's Name(s): _____
 Address: _____
 Email (Mom): _____
 Email (Dad) : _____
 Phone (home): _____ Phone (work): _____
 Cell Phone (Mom): _____ Cell Phone (Dad): _____

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

Class Time Preference:

Saturday 3:30PM-4:30PM _____ Sunday 9:15AM – 10:15AM _____

Child's Name	Gender	Age	Grade*	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

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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Rcvd by _____

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.) _____

*Make sure you mark the grade that your child will be in for the 2017-2018 school year.