

HOLY SPIRIT CATHOLIC CHURCH

2016 - Registration for Religious Education - 2017



PLEASE PRINT

FATHER:

Phones: 256 or other: _____

Name: _____ / _____
Last First Middle Home Cell

Address: _____ / _____ / _____
Street Ave/ St/ Rd City / State ZIP

Email Address: _____ Catholic: Y N

Registered at Holy Spirit? Y N (If not, where?) _____

MOTHER:

Phones: 256 or other: _____

Name: _____ / _____
Last First Middle MAIDEN Home Cell

Address: _____ / _____ / _____
Street Ave/ St/ Rd City / State ZIP

Email Address: _____ Catholic: Y N

Registered at Holy Spirit? Y N (If not, where?) _____

.....
CHILD(REN)'S PRIMARY ADDRESS: Both parents ____ Mom ____ Dad ____ Guardian ____

Children's Names:				As of Sept. 1, 2016		SACRAMENTS RECEIVED:						
LAST,	First	M	F	Date of Birth	SCHOOL	/	GRADE	H.S. or ✓	Baptism	1 st Recon- ciliation	1 st Com- munion	Confir- mation
						/						
						/						
						/						
						/						
						/						
						/						

Parishioner's Fee: _____ \$35.00 one child
 _____ \$50.00 two children
 _____ \$60.00 three or more

NON-Parishioner's Fee: _____ \$50.00 one child
 _____ \$75.00 two children
 _____ \$100.00 three or more

For Office Use: Date Registered: _____
 Date Paid: _____ Cash _____ Check _____ (# _____)