

HOLY SPIRIT CATHOLIC CHURCH

2018 - Registration for Religious Education - 2019



PLEASE PRINT CLEARLY

FATHER:

Area Code **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:

Area Code **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?) _____

CHILDREN'S NAME:

As of Sept. 1, 2018

SACRAMENTS at HS or _____:

LAST, FIRST M F Date of Birth SCHOOL / GRADE Bapt. 1st Rec 1st Com Conf.

LAST,	FIRST	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth	SCHOOL / GRADE	Bapt.	1 st Rec	1 st Com	Conf.
					/				
					/				
					/				
					/				
					/				
					/				
					/				

CHILD(REN)'S PRIMARY ADDRESS: Both parents _____ Mother _____ Father _____ Guardian _____

Parishioner's Fee: _____ \$40.00 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: _____
 Registered by (Initials): _____

Date Paid: _____
 Cash _____ Check _____ (# _____)