

# HOLY SPIRIT CATHOLIC CHURCH

## 2023 - Registration for "A Family of Faith" Program - 2024



**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?) \_\_\_\_\_

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

**NAMES:**

As of Sept. 1, 2019

SACRAMENTS at  HS or  Conf.:

LAST	FIRST	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth	School / Grade	Bapt.	1 <sup>st</sup> Rec	1 <sup>st</sup> Com	Conf.
					/				
					/				
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**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: \_\_\_\_\_                      Date Paid: \_\_\_\_\_  
                                   Registered by (Initials): \_\_\_\_\_                      Cash \_\_\_\_\_ Check \_\_\_\_\_ (# \_\_\_\_\_)