

HOLY FAMILY CONGREGATION RELIGIOUS EDUCATION PROGRAM 2009-2010 REGISTRATION FORM

Holy Family's Religious Education classes are offered on Sunday for students' age 3 through 8th grade. For more detailed information, please see the Religious Education Program booklet.

**3K and 4K meet from 10:30 AM to 11:30 AM (during 10:30 mass).
K5 through 8th grade meet from 9:10 AM to 10:15 AM (between the masses).**

Please complete the following:

1. Fill out both the Registration Form and Volunteer Form.
2. Return both forms with payment to the Religious Education office at the address below or place them in the collection basket at mass.

**Holy Family's Religious Education Center
4849 N. Wildwood, Whitefish Bay, WI, 53217**

TUITION**	Number of children	FEES	TOTAL
Tuition per child (4 th child free)		\$140.00	
Sacramental Book Fees (per child)			
1 st Reconciliation/Communion (2 nd grade)		\$50.00	
Family Total			

FAMILY'S LAST NAME: _____

____ **We are registered parishioners of Holy Family Congregation**

____ **We are NOT registered parishioners of Holy Family Congregation**

E-mail Address where you would like to receive weekly reminders and bi-weekly *FAMILY UPDATES*

Address where information should be sent City Zip

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Father/Guardian Last Name First Business/ Cell Phone

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Father/Guardian Address (If different than above) City Zip Home Phone

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Mother/Guardian Last Name First Business/ Cell Phone

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Mother/Guardian Address (If different than above) City Zip Home Phone

****No child will be denied Religious Education because of the family's financial circumstances. If you need to make special arrangements, please call the Parish Business Office at 332-9220.**

STUDENT INFORMATION

Returning Students: Complete #1, #3, #5; New Students: Complete #1 through #8
Sacraments Received (x)

(#1)	(#2)	(#3)	(#4)	(#5)	(#6)	(#7)	(#8)
Name of Students	Sex	09/10 Grade	Date of Birth	SCHOOL ATTENDING	First Eucharist	Reconciliation	Baptism (Date and Place)

My child has the following allergies, health considerations, or special educational needs. Note: This information is confidential and will be shared only with the child’s Catechist.

Photo Release Consent

I consent to the use by Holy Family Parish of any Videotape, photograph, slide, audiotape, or any other audio reproduction in which my child/children or I may appear. I release the staff, volunteers, etc. of Holy Family Parish from any liability connected with the use of my child’s/children’s picture or voice recording as part of the activities held at Holy Family Parish during the 2009-2010 school year.

_____ (Please Print Your Name) _____ (Signature) _____ (Date)

OPPORTUNITIES TO SHARE YOUR FAITH

(Orientation, materials, and training are provided)

I am interested in volunteering for the 2009-2010 school year as a:

- ___ Catechist (team teaching is an option)
- ___ Substitute Catechist
- ___ Desired Grade Level(s):
- ___ I need more information, please contact me

Our Catechists are *much* appreciated and as a “thank you” for your ministry, Catechists can opt to pay ½ the regular tuition.

FOR INTERNAL USE ONLY

NEW FAMILY YES / NO _____

OF CHILDREN REGISTERED _____ CATECHIST YES / NO _____

TUITION TOTAL _____ Volunteer form _____

SACRAMENTAL BOOKS FEE _____

FAMILY TOTAL _____

AMOUNT PAID _____ CASH _____ CHECK# _____

BALANCE DUE _____

REGISTERED BY _____ DATE _____ email updated _____