

**HOLY SPIRIT FAITH FORMATION**

2017-2018 Registration Form

High School: Summer 2017

Family Name \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
*(Street address including City, & Zip Code)*

Mother's Religion \_\_\_\_\_ Mother's Cell # \_\_\_\_\_ Father's Religion \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Marital Status \_\_\_\_\_ Are you registered members of Holy Spirit Parish? YES NO *(Please circle one)*

If you belonged to another parish last year, did your child/children attend religion classes there? YES NO *(Please circle one)*

If you belonged to another parish last year, which one? \_\_\_\_\_ E-mail Address \_\_\_\_\_

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Child's Name	Grade	Birthdate	Place of Birth <i>(City &amp; State)</i>	School Attending	Place of Baptism <i>(Church Name, City, &amp; State)</i>	Place of First Communion <i>(Church Name, City, &amp; State)</i>	Gender <i>(M/F)</i>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Do any of your children have a condition related to allergies, physical health, emotional stability, or learning ability that we should be aware of? YES NO *(Please circle one)*

If so, please explain: \_\_\_\_\_

\_\_\_\_\_