

Family Registered in Parish?
 Y _____ N _____
 If no, Where? _____

Faith Formation Registration

2010-2011
 Date: _____
 Fee Paid: _____
 Sacr. Fee: _____
 Health Form: _____
 Bapt. Cert.: _____

Holy Family Catholic Church
 P.O. Box 130
 Clemmons NC 27012
 778-0600 Youth Ministry ext. 204
 Faith Formation ext. 214 or 205

Please Print Clearly

Family Name _____ Street Address _____ City/State _____ Zip _____ Home Phone _____

Fathers First Name _____ Religion _____ Work Phone _____ Cell Phone _____

Mothers First Name _____ Religion _____ Work Phone _____ Cell Phone _____

Emergency Contact Information Name _____ Phone _____ Relationship _____

Names of children				
To be enrolled	M/F	Birth Date	School /grade '10-'11	Special Needs/Sacramental

For Pre-school please list age as of August 31

Please enter students first name in the appropriate space

Pre-School Sunday 9:15
 Pre-K3 _____
 Pre-K4 _____
 K _____

Elementary Wednesday 4:15-5:30
 Grade K _____
 Grade 1 _____
 Grade 2 _____ *

Elementary Wednesday 6:15-7:30
 Grade K _____
 Grade 1 _____
 Grade 2 _____ *
 Grade 3 _____
 Grade 4 _____
 Grade 5 _____

* Please note if your child is in 2nd grade and/or receiving First Eucharist this school year, an additional Sacramental fee of \$50.00 to cover other supplies needed for sacramental prep will apply. Please provide a copy of the baptismal certificate; this is needed for all sacramental prep students.

Tuition: 1 - \$65 / 2 - \$125/ 3 - \$180/ 4 - \$225 student(s) (\$225 max.) *Sacramental Fee: \$50.00
(in addition to Tuition)
 Please Note: Tuition is waived for catechists and 50% off for aides. Tuition will be confidentially waived for anyone expressing financial hardship.
 Volunteer Needs: Catechist _____ Aide _____ Substitute _____
 Volunteer name(s): _____