­ - **School Year Date of Registration**:

**Holy Spirit & St. Peter the Apostle Parishes Religious Education Registration**

Last Name of Family as Recorded in Parish Register: Parish ID/Env. #:

Father’s Preferred Language: Mother’s Preferred Language:

**PARENT Information**

Marital Status: Married: 🞏 Separated: 🞏 Divorced: 🞏 Single: 🞏

Child lives with: Both Parents: 🞏 Father: 🞏 Mother: 🞏 Legal Guardian: 🞏 Designated Custodian: 🞏

Father’s Name: Religion:

Address:

Street City / State Zip Code

Home Phone: Cell Phone: Email:

Mother’s Name: Religion:

Address:

Street City / State Zip Code

Home Phone: Cell Phone: Email:

Legal Guardian/

Custodian’s Name: Religion:

Address:

Street City / State Zip Code

Home Phone: Cell Phone: Email:

Emergency Contact: Phone:

**TUITION**

ALL CHECKS MADE PAYABLE 1 child- $70.00\* ALL CHECKS MADE PAYABLE

TO : 2 children- $100.00\* TO:

“HOLY SPIRIT CHURCH” 3 or more children- $130.00\* “HOLY SPIRIT CHURCH”

**\*First $50.00 of tuition must be paid at time of registration. This part of the tuition is non-refundable.**

**Sacramental InformatIon** (Registration & fee for Sacraments on separate form)

**1st Reconciliation Guidelines:** Student must be:

* Baptized
* In 2nd Grade or over
* Have attended RE Classes or Catholic School the year previous to, as well as the current School Year

**1st Eucharist Guidelines:** Same as above, along with

* Have completed Reconciliation preparation

**Confirmation Guidelines:** Student must:

* Have received Baptism, Reconciliation and 1st Eucharist
* Have attended RE Classes or Catholic School the year previous to, as well as the current school year
* Must be in 9th Grade or over
* Must complete Preparation Sessions within the Confirmation Year

***\*\*\* For Office Use Only \*\*\****

Date Payment Received: Check Number / Cash: Amount Received: $ Balance Due: $

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**Student Information**

Student Name: RE Grade in Sept: \_\_\_\_

Last Name First Name MI

Birth Date: Place of Birth: Sex: M: 🞏 F:🞏

City / State Country

**Elementary or High School Attending in September** Public: 🞏 Private: 🞏

School Name City / State Grade in September

Learning Difficulties:

Medical Conditions

Allergies:

**Previous Religious Education**

Catholic School: 🞏 Parish Program: 🞏 Grades Attended:

School / Parish Name City / State Phone Number

**Religious Education Class ASSIGNMENT**

Based on information provided, your child will be assigned to Grade: K 1 2 3 4 5 6 7 8 for this school year.

|  |
| --- |
| **Sacrament Information**  *Has your child received the Sacrament of:*  **Baptism** Yes 🞏 No 🞏 Date: at Holy Spirit Parish Yes 🞏 No🞏 (or) St. Peter the Apostle Parish Yes 🞏 No🞏 If not Baptized at Holy Spirit or St. Peter the Apostle Parish:  Church Name: Phone:  Address:  Street City / State / Zip Country  ***If your child was not Baptized at Holy Spirit or St. Peter the Apostle, a copy of the Baptism Certificate must accompany this Registration Form*** |
| *Has your child received preparation for the Sacrament of:*  **Reconciliation** Yes 🞏 No 🞏 Date: at Holy Spirit Parish Yes 🞏 No🞏 (or) St. Peter the Apostle Parish Yes 🞏 No🞏 If not at Holy Spirit or St. Peter the Apostle Parishes:  Church Name: Phone:  Address:  Street City / State / Zip Country |
| *Has your child received the Sacrament of:*  **Eucharist** Yes 🞏 No 🞏 Date: at Holy Spirit Parish Yes 🞏 No🞏 (or) St. Peter the Apostle Parish Yes 🞏 No🞏 If not at Holy Spirit or St. Peter the Apostle Parishes:  Church Name: Phone:  Address:  Street City / State / Zip Country |
| *Has your child received the Sacrament of:*  **Confirmation** Yes 🞏 No 🞏 Date: at Holy Spirit Parish Yes 🞏 No🞏 (or) St. Peter the Apostle Parish Yes 🞏 No🞏 If not at Holy Spirit or St. Peter the Apostle Parishes:  Church Name: Phone:  Address:  Street City / State / Zip Country |