

The Church of the Holy Spirit

FORMS DUE BY MAY 31, 2017

2017-2018 Annual Religious Education Registration & Emergency Information Form

A SEPARATE FORM MUST BE FILLED OUT FOR EACH CHILD

ONLY 1 FINANCIAL SECTION NEEDS TO BE FILLED OUT PER FAMILY

DISCOUNTED TUITION

UNTIL MAY 31, 2017

_____ \$50, 1st Child
_____ \$90, 2 Children
_____ \$120, 3 or more children
_____ \$ 25 Sacramental Fee, x # of kids
_____ \$ TOTAL

SACRAMENTAL FEES

2nd & 7th & 8th Grades ONLY
\$25 Additional
(Fee due at time of Registration)

TUITION RATES

AFTER MAY 31, 2017
_____ \$65, 1st Child
_____ \$105, 2 Children
_____ \$135, 3 or more children
_____ \$ 25 Sacramental Fee x # of kids
_____ \$ TOTAL

PLEASE PRINT ALL INFORMATION

NO FORMS DROPPED OFF OR MAILED IN WILL BE VIEWED UNTIL AFTER IN-PERSON REGISTRATIONS

Gr. 1 - 5 CLASS TIME: 9:05 - 10:15

Middle School Class Times: Gr. 6, Sunday, Weekly at 6:00pm; 7th & 8th grades on Designated Sundays, 6:00pm

STUDENT NAME: First _____ Last _____ GENDER: M ___ F ___

ADDRESS: _____ BIRTHDATE ____ / ____ / ____
Street City State Zip

CELL #: _____ HOME #: _____ SCHOOL: _____ GRADE IN 2016 - 2017 _____

EMAIL ADDRESS (specify whose): _____ for _____

SACRAMENTS RECEIVED: (New Students not baptized at Holy Spirit must present a Baptismal Certificate at time of registration)

Baptism: yes ___ no ___ Church _____ City _____ State _____

Reconciliation: yes ___ no ___ Church _____ City _____ State _____

Communion: yes ___ no ___ Church _____ City _____ State _____

Confirmation: yes ___ no ___ Church _____ City _____ State _____

FATHER'S NAME: _____ WORK/CELL# _____
(First) (Last)

Email (if different): _____ OCCUPATION: _____

MOTHER'S NAME: _____ WORK/CELL# _____
(First) (Last)

Email (if different): _____ OCCUPATION: _____

CHILD LIVES WITH: _____ RELATIONSHIP: _____

EMERGENCY CONTACT NAME IF PARENT(S) CANNOT BE REACHED: _____

PHONE# _____ CELL# _____ RELATIONSHIP: _____ (OVER, PLEASE)

In case of accident or serious illness, I request that Holy Spirit Parish contact me (or the person named).
If the Parish is unable to reach me, or my contact,
I hereby authorize the Parish to make whatever arrangements seem necessary.
I authorize **EMERGENCY MEDICAL TREATMENT** to be given to my child.

SIGNATURES OF PARENT(S) / GUARDIAN(S) X _____ X _____

The following information is kept confidential and only used as needed to protect/help your child while in our care:

MEDICAL INSURANCE CARRIER: _____ POLICY / HOSPITALIZATION # _____

ALLERGIES (food, meds)? _____

LIMITING PHYSICAL CONDITION(S)? _____

SURGERY, INJURY, OR SERIOUS ILLNESS WITHIN THE LAST YEAR? (Please list) _____

PRESCRIPTION AND / OR OTC MEDS TAKEN ROUTINELY? (Please list) _____

ANY SPECIAL NEEDS OR SPECIAL LEARNING CONSIDERATIONS (IEP, etc.) THAT WOULD HELP OUR TEACHERS TO HELP YOUR CHILD? _____

CONSENT TO BE PHOTOGRAPHED

Parent/guardians of participants are advised that photograph or videotape of participants may be used in publications, websites or other materials produced from time to time by the Church of the Holy Spirit or the Diocese of Harrisburg (participants would not be identified, however, without specific written consent). Parents/guardians who **do not** wish their child(ren) to be photographed or filmed should **notify the Church in writing**. Please note that the Church has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

Signature: _____ Date: _____

SAFE PICK UP POLICY

Parents of students in elementary grades (K-5) are expected to pick up their children inside the safety of the building, rather than having them meet you outside. Please sign here to indicate you understand that the parish can't be responsible for those not escorted by an adult family member.

Signature: _____ Date: _____

Our Religious Education Program is successful because of people like you who generously give of their time and talents to help spread the Gospel Message to our children and community.

Every family should try to find at least one area in which they are willing to lend a hand.

Full Time Volunteers receive FREE Tuition for 2017-2018 PREP Year

_____ Every Week Catechist (Grade _____)

_____ Weekly Hall Monitor Session

_____ Weekly Adult Classroom Aide (Grade _____)

_____ Weekly 7th/8th Gr Discussion Group Leader (Every other Sunday Evening)

_____ Weekly Youth Classroom Aide (Counts as all 8 Confirmation Service Projects)

_____ Weekly WOW Leader (15 minutes during Mass to teach Gospel Lessons to Pre-K & K)

While you may not be able to offer us a long-term commitment for assistance, we certainly hope that you would be willing to show your support by volunteering for one of the following:

_____ Parties/Receptions (*baking, donating, serving, set up, clean up, etc.*)

_____ PREP office assistance Sundays

_____ Christmas Program assistance _____ (Youth ages 13-17 also welcome)

..... I have current Background Clearances* in the Hbg. Diocese _____ YES _____ NO

Adults who will be in direct contact with children must have Clearances.

For Office Use:

Please Note Discounts: Full Time Volunteer _____ Early Bird _____

Late Enrollment: _____

Date form received: ____ / ____ / ____ Amount received: \$ _____ Check #: _____ Cash _____

Class assigned: _____ Received by: _____ (initials)