

# Holy Spirit Catholic Church

300 West Pine Street  
Palmyra, PA 17078  
Phone: 717-838-3369

# Parish Religious Education Program

Registration Form  
School Year 2019-2020

*Please print clearly*

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## Contact Info

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Legal Guardian's Name \_\_\_\_\_

To whom should communications be sent \_\_\_\_\_  
Name \_\_\_\_\_ Relation to Student \_\_\_\_\_

Address for Communications \_\_\_\_\_

Email for Communications \_\_\_\_\_ Preference:  US Mail  Email

Home Phone \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_ / \_\_\_\_\_

Emergency Contact & Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relation to Student \_\_\_\_\_

Phone \_\_\_\_\_ (Please use someone other than Parent)

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## Student #1 Info

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Grade in the Fall \_\_\_\_\_ PREP Grade (if different than School Grade: \_\_\_\_\_)

Check One Session:

Sundays 9:30-10:45 a.m Catechesis of the Good Shepherd ages 3-6)

Sundays 9:30-10:45 a.m. (Grades 1-5)  Sundays 6:00-7:15 p.m. (Grade 6)

Sundays 6:00-7:30 p.m. (Confirmation PREP Grade 7 and 8 alternate every other Sunday)

Homeschool - (please check with C/DRE first if you wish to homeschool your child(ren).

Check if new to our program: Name of previous program/parish \_\_\_\_\_  
Please include a copy of student's **Baptismal Certificate** as well as a list of all Sacraments received (sacrament, date, church, city, state).

## Student #2 Info

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Grade in the Fall \_\_\_\_\_ PREP Grade (if different than School Grade: \_\_\_\_\_)

Check One Session:

Sundays 9:30-10:45 a.m Catechesis of the Good Shepherd ages 3-6)

Sundays 9:30-10:45 a.m. (Grades 1-5)  Sundays 6:00-7:15 p.m. (Grade 6)

Sundays 6:00-7:30 p.m. (Confirmation PREP Grade 7 and 8 alternate every other Sunday)

Homeschool - (please check with C/DRE first if you wish to homeschool your child(ren).

Check if new to our program: Name of previous program/parish \_\_\_\_\_  
Please include a copy of student's **Baptismal Certificate** as well as a list of all Sacraments received (sacrament, date, church, city, state).

**Student #3 Info**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Grade in the Fall \_\_\_\_\_ PREP Grade (if different than School Grade: \_\_\_\_\_

Check One Session:

- Sundays 9:30-10.45 a.m. Catechesis of the Good Shepherd ages 3-6)
- Sundays 9:30-10:45 a.m. (Grades 1-5)                       Sundays 6:00-7:15 p.m. (Grade 6)
- Sundays 6:00-7:30 p.m. (Confirmation PREP Grade 7 and 8 alternate every other Sunday)
- Homeschool - (please check with C/DRE first if you wish to homeschool your child(ren).
- Check if new to our program: Name of previous program/parish \_\_\_\_\_  
Please include a copy of student's **Baptismal Certificate** as well as a list of all Sacraments received (sacrament, date, church, city, state).

*If you have more than 3 students please use an additional registration form.*

**Permission, Verification, and Fees**

I hereby verify that the above information is accurate to the best of my knowledge.

Parent/Guardian Name (Please Print) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Tuition Fee:** *Tuition covers books and other Religious Education Material.*

**Full-time catechists receive free tuition for their children.**

One Child (\$50)     Two Children (\$90)     Three or more Children (\$120)     Homeschool (\$25 per child

**Total Due:** \$ \_\_\_\_\_ (make check payable to Church of the Holy Spirit).

**Volunteers are needed for our Religious Education Program** (we cannot run this program without your help)

Please indicate if you will consider working with us in one of the following ways:

- Preschool and Elementary- Teacher, co-teacher, helper in classroom, office help during class times, substitute teacher, help in August to get rooms ready, or daytime office help.
- Middle School and Confirmation PREP - Teacher, co-teacher, helper in classroom, office help during class times, substitute teacher, help in August to get rooms ready, help with retreat and field trip.

**Notes**

- Fees must be paid by check and returned to the Religious Education office by **July 31, 2019**. Your cleared check is your receipt.
- Even though we are not assessing late fees for registrations received after July 31, it is important to submit registration forms by the due date. If submitted after, we cannot guarantee acceptance into the program due to space limitations.
- In cases of financial hardship, please contact the Religious Education office at 717-838-3369, ext. 5. All information discussed is held in the strictest confidence.

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

Date Received \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Received by \_\_\_\_\_

Other Notes: \_\_\_\_\_

## 2019– 2020 Medical Information/Release Form

Family Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother's cell: \_\_\_\_\_ Father's cell: \_\_\_\_\_

Child's name \_\_\_\_\_ Prep Grade \_\_\_\_\_

Child's name \_\_\_\_\_ Prep Grade \_\_\_\_\_

Child's name \_\_\_\_\_ Prep Grade \_\_\_\_\_

Child's name \_\_\_\_\_ Prep Grade \_\_\_\_\_

In case of accident or serious illness, I request that Holy Spirit Parish contact me or the emergency contact for my child. If the Parish is unable to reach me, or the Emergency Contact for my child, I hereby authorize the Parish to make whatever arrangements seem necessary.

### **I AUTHORIZE EMERGENCY MEDICAL TREATMENT TO BE GIVEN TO MY CHILD.**

**Signature of Parent(s)/Guardians(s)** \_\_\_\_\_

Emergency Contact **other than parents:** \_\_\_\_\_

Relationship to children: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

The following information is provided should my child require medical attention

Insured Name: \_\_\_\_\_

Name of Medical Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group ID # \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Doctor Phone #: \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Please list any pertinent medical information, medications and allergies to drugs or food. Indicate information as it pertains to each child.

Allergies: \_\_\_\_\_ Child \_\_\_\_\_

Allergies: \_\_\_\_\_ Child \_\_\_\_\_

Allergies: \_\_\_\_\_ Child \_\_\_\_\_

Allergies: \_\_\_\_\_ Child \_\_\_\_\_

Medications: \_\_\_\_\_ Child \_\_\_\_\_

Medications: \_\_\_\_\_ Child \_\_\_\_\_

Medications: \_\_\_\_\_ Child \_\_\_\_\_

(Please complete back of form)

Limiting Physical Conditions: \_\_\_\_\_ Child \_\_\_\_\_

Limiting Physical Conditions: \_\_\_\_\_ Child \_\_\_\_\_

Limiting Physical Conditions: \_\_\_\_\_ Child \_\_\_\_\_

**Does your child have any special needs or special learning considerations (IEP, etc) that would help our teachers help your child?**

Special Needs: \_\_\_\_\_ Child \_\_\_\_\_

Special Needs: \_\_\_\_\_ 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). Your signature below gives your consent for your child(ren) to be photographed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SAFE PICK UP POLICY**

Parents of students are expected to pick up their children inside the safety of the building rather than have them meet you outside. Please sign here to indicate you understand that the parish can not be responsible for those not escorted by an adult family member.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

RELEASE OF LIABILITY: In consideration of Holy Spirit Parish accepting my child's registration in the PREP program, I/we release, hold harmless and discharge Holy Spirit Parish and the Diocese of Harrisburg, their officers, trustees, employees, agents and catechists of and from any and all liability, claim, damage, cost or expense, except in the case of willful/intentional harm or gross negligence and waive any claims against any such person or organization arising directly or indirectly from or attributable to any action or omission to act of any such person or organization in connection with the Church of the Diocese of Harrisburg.

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_