

First Communion Class For 2nd Grade or Older Students

 Holy Family Religious Education Sacramental Preparation Registration Form for 2016-2017 School Year 

*****IMPORTANT: All students are required to attend at least one year of Religious Ed prior to beginning this class. If not done at Holy Family, attach a letter from that church. Use green form to register new students who do not have prior religious education class participation.*****

Return form one week prior to start of classes. Once registered and paid, simply come to the Activity Center Room 10 at the time & date you chose for classroom assignment. You will not receive confirmation of registration, so please make notes or copy this form.

Dates of First classes: Sunday, October 2nd, 2016 or Monday, October 3rd, 2016

Class time choice: 10:30-11:30 a.m. Sunday -or- 4:00-5:00 p.m. Monday **Student's Grade:** _____

Student's Name _____ M/F _____
First Middle Last Gender Age Birthdate

Name child is usually called _____ **Language spoken at home:** _____

Student's Mailing Address _____

_____ Both Mom Dad Other
City State Zip Code Lives With?

Has this child received the Sacrament of Baptism?: Yes No (If no, please call 966-5344 for baptism information; your child *must* be baptized prior to receiving the Sacraments of Reconciliation and First Communion.)

Medical or emotional info we should know: _____

Are you a registered Holy Family Parishioner? Yes No **If no, where you attend:** _____

Email Address: _____ @ _____

Mother _____ Y/N Y/N Y/N
First Name Middle Maiden Last Baptized? First Comm? Confirmed?

Address (if different from student's) _____ City State Zip Code

Father _____ Y/N Y/N Y/N
First Name Middle Last Baptized? First Comm? Confirmed?

Address (if different from student's) _____ City State Zip Code

Sibling's Names: If also registered in religious ed. _____

Parents – if you are interested in becoming Catholic, please call (509) 966-5344.

Phone Numbers

Mother's cell/work/home (_____) _____ - _____ Father's cell/work/home (_____) _____ - _____
_____ 's cell/work/home (_____) _____ - _____ _____ 's cell/work/home (_____) _____ - _____

Tuition

One (1) student registered in family

\$25.00 with volunteer* hours

\$40.00 w/o volunteer* hours

Two or more (2+) students registered in family

\$50.00 for all in family with volunteer hours

\$65.00 for all in family w/o volunteer hours

Scholarship needed? – Check box (With volunteer* hours; check boxes below)

*Volunteer Choices:

Bazaar Yard Sale Baking Picnic VBS/BEARS Music Driver
 Event Set-up Event Clean-up Crab Feed Fund raisers Children's Liturgy Other _____

Mail to address on back -or- **Drop off** at Parish Office (west of church) or Religious Ed. office (Rm. 11 of Activity Center.)

Check box if you DO NOT give permission to use pictures or videos of your child on our Holy Family website or in church related presentations.

Please read and complete information on back.

A Parent's Pledge:

By signing this form, I promise to do the following for the sake of my child on this very important year of his/her faith journey...

- I will promptly provide a copy of my child's Baptism Certificate: (Attach copy, *not* original, to this form.)

Sorry, even if your child was baptized at Holy Family, we still require a copy in our office. Call the parish office at the number below if you have lost your original. If you are having trouble obtaining a copy, please contact us immediately so that we know you are in the process of obtaining it.

Date of Baptism _____ (Needed prior to start of classes.) Church: _____

Mailing Address of church: _____

- I will *thoroughly* read and keep all mailings, postcards, and take-home notes regarding Reconciliation and First Communion events throughout the entire year. (Reconciliation; also known as Penance or Confession)
- I will respond promptly to any requests made on these communications.
- I will obtain and keep handy the schedule for the year. If there are changes to that schedule, I will note them for later. (We have schedules in our office.)
- I will mark my calendar/phone for the events scheduled and not make other plans during those times, if at all possible, so that I do not miss these important events in my child's life.
- I will make certain my child attends class on a regular basis.
- I will pick up my child promptly at the end of each session in their classroom or the activity room according to their location at the end of class.
- I will attend Mass on a weekly basis.

Parent Signature: _____ Date: _____

(Parents – you may wish to copy this form after completion in order to keep the information available to you.)

Holy Family Parish, 5315 Tieton Drive, Yakima, WA 98908
(509) 966-0830 Parish Office (509) 965-1742 Parish Office Fax
(509) 966-0788 Religious Education Office (509) 965-0288 Religious Education Fax

*In cases of inclement weather, use your own judgment and stay home if it is not safe. *



<i>Office use only</i>	
Posted <input type="checkbox"/>	Amt. _____
Cash <input type="checkbox"/>	Check <input type="checkbox"/> # _____