

"FOR OFFICE USE ONLY"

Acct. _____ SF _____ Registration Date _____ Class day/time _____
NEW _____ ISP _____ CL _____ PDS _____ Parishioner # _____

2023 - **HOLY FAMILY** Religious Education **REGISTRATION** - 2024

Family Last Name: _____

Child lives with: **Both Parents** _____, **Mother** _____, **Father** _____, **Stepmother** _____,
Stepfather _____, **Grandparents** _____, **Other** _____

Child's Home Address _____
city state zip

Primary Phone _____

For **URGENT MESSAGES**: the cell phone number to be called is _____

PRINT VERY CLEARLY

Parent's Primary email address: _____

Please include this additional email address: _____

HOUSEHOLD FAMILY INFORMATION

FATHER/STEPFATHER _____
(CIRCLE ONE) (first name) (last name) (cell phone)

____ married ____ single ____ separated ____ divorced ____ divorced/remarried ____ widow

Occupation _____
(MAIDEN NAME)

MOTHER/STEPMOTHER _____
(CIRCLE ONE) (first name) (last name) (cell phone)

____ married ____ single ____ separated ____ divorced ____ divorced/remarried ____ widower

Occupation _____

EMERGENCY CONTACT - Emergency Contact should be within a 5 mile range.

If Parent cannot be reached in an emergency, RE Office will call the person listed below.

Print emergency contact name cell phone number relationship to children

Religious Education families should be **registered parishioners** at Holy Family Parish. If you choose NOT to register at Holy Family, an additional fee will be added to your tuition.

Parent Signature _____

- By signing this registration form, I am affirming the Faith & Financial Agreement and assuming primary financial responsibility. We have provided a link on our website for the latest copy of 'PRACTICAL GUIDE FOR PARENTS' regarding your children's safety. PLEASE READ THIS DOCUMENT. Additional information can be accessed at www.dioceseofjoliet.org.

RETURNING STUDENT INFORMATION ** 1-8 only

Student Name _____

(last)

RE Grade in September _____ Public School Grade in September _____

Name of Public School Attending in September _____

Has your child made: **FIRST RECONCILIATION:** ___yes ___no **FIRST COMMUNION:** ___yes ___no

SPECIAL NEEDS INFORMATION: Challenges: learning, IEP, behavioral, medicines, illnesses
Yes, ____ I request a meeting with staff/volunteers. PLEASE EXPLAIN SPECIAL NEEDS:

For office only: BAPTISMAL CERTIFICATE VERIFIED: _____

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[illegible]

Religious Education Sessions: list as 1st, 2nd, and 3rd choice:

_____ Sun. 8:30am-9:45am _____ Mon. 5:00pm-6:15pm _____ Wed. 6:00pm-7:15pm

Additional Notes:

[illegible]

Holy Family Catholic Church

2023-2024



PHOTOGRAPHY RELEASE FORM

We would like to have the opportunity to use pictures from the classrooms, prayer services, retreats, etc. and post them on the Holy Family website, brochures, bulletin and other media.

We need your permission to use these pictures. Please fill in the bottom of this form and return it with your registration papers.

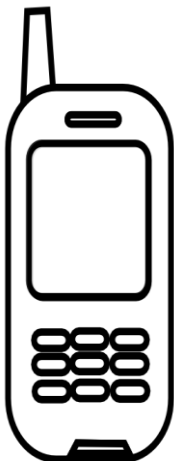
___ I give permission to use the photographs of my children.

___ I DO NOT give permission to use the photographs of my children.

Students are not allowed to take any photos or recordings during RE class time on the parish campus.

Name of Children: _____

Family Name printed _____



CELL PHONE POLICY

Cell phones, ear buds, Ipods, Ipads, MP3 players, smart phones, etc. are **not to be used during class time.**

During dismissal, cell phones are not to be used so students can pay attention to dismissal procedures. If used during class or dismissal, they will be removed and not released to the child until the parents or guardians meet with the DRE. Holy Family parish assumes no responsibility for lost or damaged items.

Parent Signature _____

Date _____