## **Church of the Holy Family Faith Formation Registration Form**

The following child will be enrolling in the 2023-2024	4 Faith Formation Class:
Last Name:	First Name:
School Grade for the 2023-2024 School Year:	Religious Education Grade: Family Phone#:
Family Email:	
Stay Connected Activities Completed/Attache	ed: Yes: No:
Please Circle Class Choice:	
Sunday: 8:45am — 9:45am Sum	nmer Session #1: June 26 <sup>th</sup> – June 30th
Monday: 5pm-6:15pm Sum	nmer Session #2: July 31st – August 4th
Thursday: 8am – 9:15am Naza	areth - Home School
Student Receiving Sacrament Only-Name of Catholic	School:
Fathers Name (First)(Last)	Cell #
Mothers Name (First)(Last)	Cell #
Students Address:	Zip
Emergency Contact Phone Number:	(Other than above)
Name: Relationship to Child:	
Please be as specific as possible. (Please use add	t the office should be aware of to better catechize your child. ditional sheet of paper if needed.
For (	Office Use Only:
Tuition Rates: 1 Child/\$150.00; 2 Children/\$250.00	0; 3 or more Children/\$300.00
Sacrament Fee's: Confirmation \$75.00 per child (p	oayable in 7 <sup>th</sup> grade/2yr program); Communion \$60.00
Teaching Discount: 1st Child/\$25.00 Book fee only	y; 2 <sup>nd</sup> Child/\$150.00; 3 or more Children/\$250.00
Payment Received by:	
Cash Payment: Amount Received: \$ _	
Check Number: Amount Received: \$ _	
Credit Card Payment Information: **Additional 3.	5% charged for Credit Card Payment Processing
Credit Card Amount to be Charged: \$	CC Number:
	Name as it appears on CC:
Address: (if different from above)	