

**ENGLISH**

**HOLY FAMILY CATHOLIC CHURCH**  
Religious Education (CCD) Registration 2010-2011  
**THIS REGISTRATION FORM MUST BE FULLY COMPLETED**

Bapt. Cert. _____	HF ID # _____
Amt. Due _____	Amt. Paid _____
Ck. # _____	Cash _____
Reg. rec'd on _____	
Reg. processed on _____	<b>FOR OFFICE USE ONLY</b>

Your family **MUST** be registered parishioners of Holy Family in order to attend Religious Education classes.

**CERTIFICATES OF BAPTISM & 1<sup>ST</sup> HOLY COMMUNION ARE REQUIRED.**

FATHER'S NAME \_\_\_\_\_ Religion \_\_\_\_\_  
Last Name First Name Middle Name

MOTHERS' NAME \_\_\_\_\_ Religion \_\_\_\_\_  
Married Last Name First Name Middles Name Maiden Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Number & Street

Email Address \_\_\_\_\_ Children reside with  Both  Mother  Father  Other \_\_\_\_\_

Father Home Phone \_\_\_\_\_ Father Cell-Phone \_\_\_\_\_ Father Work Phone \_\_\_\_\_

Mother Home Phone \_\_\_\_\_ Mother Cell-Phone \_\_\_\_\_ Mother Work Phone \_\_\_\_\_

Emergency Contact Name and Phone Number \_\_\_\_\_

Who will normally pick up student from R.E. class (name) \_\_\_\_\_ Phone Number \_\_\_\_\_

Alternate person to pick up student from R.E. class (name) \_\_\_\_\_ Phone Number \_\_\_\_\_

Were your children registered in a Religious Education Program last year?  Yes  No If yes, where \_\_\_\_\_

*RCIC – Baptism, Confirmation & Communion      P&E – 1<sup>ST</sup> Confession & Communion      C-A / B – Confirmation year 1 (prep)/year 2 (Confirmation)      (For Office Use Only)*

Student's Full Name (First, Middle & Last)	M	F	Grade in September 2010	Date of Birth	Place of Birth (City, State/County)	PLEASE CHECK THE SACRAMENTS EACH CHILD <u>HAS</u> <u>ALREADY RECEIVED</u>				
						Catholic Baptism	1 <sup>st</sup> Penance	1 <sup>st</sup> Communion	Confirmation	Other Baptism

Child's Allergies to Food or Medications? Please give child's name and list the allergies \_\_\_\_\_

Child' Special health problems? Please list child's name and health issue \_\_\_\_\_

Should the need arise, I give permission for my child/children to receive emergency medical care while participating in Holy Family Catholic Church Religious Education and Youth Ministry programs. *(Please sign below)*

*I authorize the Arlington Diocese and Holy Family Catholic Church to use my child's picture or video for educational and/or marketing purposes.  YES  NO*

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date