Church of the Holy Spirit Faith Formation
Registration Form

(Please answer all questions) Date: _____

CHILD INFORMATION:

Name: _____ Grade in School: _____
First Last

Address: _____
Street City/Town State Zip

Date of Birth: _____ Place of Birth: _____
(City/Town) State

Does the child have any health problems or existing conditions that the director or catechist should know? If so, please specify: _____
_____

FAMILY INFORMATION:

Father's Name: _____

Address: _____

Phone: Home _____ Cell: _____

Mother's Name: _____

Mother's Maiden Name: _____

Address: _____

Phone: Home _____ Cell: _____

Email Address: _____

FOR CHILDREN REGISTERING FOR THE FIRST TIME ONLY:

Date of Baptism: _____ Place of Baptism: _____
(Church) (City) (State)

**A copy of the Baptismal Certificate must be included with the Registration if your child was not baptized at Sacred Heart, St. Mary of Mt. Carmel or Holy Spirit Church.

Has already received First Reconciliation? _____
(yes/no)

Has already received First Eucharist? _____
(yes/no)

Has already received Confirmation? _____
(yes/no)

Please check the best way for us to communicate with you:

Email _____ Text Message _____ Phone _____ Facebook _____