

Permission and Verification (Please indicate which choice)

(☐) **I GIVE** permission for my child's picture to be included on the Parish website or other social media and publications.

OR

(☐) **I DO NOT GIVE** permission for my child's picture to be included on the Parish website or other social media and publications.

I have read the Religious Education handbook and agree to the requirements of the program, including the Code of Conduct. (The Religious Education handbook & the Code of Conduct can be found at www.HolyFamilyPoland.org.

I hereby verify that the above information is accurate to the best of my knowledge.

Parent/Guardian Name

Parent/Guardian Signature

Date

CCD Fees

- Class fees cover books and other Religious Education Material.
- Out of fairness to all families, we cannot place your child(ren) in a classroom until all fees are paid in full.
- In case of financial hardship, please contact Mrs. Marnie Kelty at 330-757-1545. All information discussed is held in the strictest confidence.

Parishioner Status	One child	Two children	Three or more children	My total due
Parishioner	\$50	\$100	\$125	
Non-Parishioner	\$130	\$260	\$390	

Sacrament Fees

- Sacramental fees are in addition to the class fees and cover additional materials needed for sacramental preparation, including retreats.

Sacrament	Fee	My total due
First Communion (2 nd grade ONLY)	\$30 additional	
Confirmation (8 th grade ONLY)	\$40 additional	

Late Fees

- For registrations received after AUGUST 31, 2025.
- Fees must be paid by check and returned to the Parish Office by August 31st to be considered on time.
- Waived ONLY for families new to our program for the current catechetical year

Number of children	Fee	My total due
One Child	\$25 additional	
Two or more children	\$50 additional	

- Please make your check out to "Holy Family Parish" and write "RE" in the memo line.
- Your cleared check is your receipt.

My total due:

*****For Office Use Only*****

Date Received _____ Class Fees _____ Sacrament Fees _____ Late Fees _____ Total Owed _____
Amount Paid _____ Check # _____ Other Notes: _____

Holy Family Parish
2729 Center Road
Poland, Ohio 44514
330-757-1545



DUE AUGUST 31, 2025

Religious Education Registration Form
School Year 2025-2026

Contact Information

Father's Name (first, last) _____ Religion _____

Father's Phone _____ Father's Email _____

Mother's Name (first, last, MAIDEN) _____ Religion _____

Mother's Phone _____ Mother's Email _____

Legal Guardian (if applicable) _____

Guardian's Phone _____ Guardian's Email _____

Address _____

Emergency Contact #1 _____ Relationship _____ Phone _____

Emergency Contact #2 _____ Relationship _____ Phone _____

Student #1 Information

Student Name (first, middle, last) _____ Date of Birth _____

School _____ Grade in Fall _____

Medical/Behavioral Concerns _____

☐ Check if new to our program: Name of Previous Program _____

Please check current preferred date of classes.

(If you need to make a change, please email smarkey@youngstowndiocese.org)

☐ Tuesdays (K-6) 4:45 - 6:15pm ☐ Wednesdays (K-6) 4:45 - 6:15pm ☐ Sundays (7-8) 9:45-11:45am

Student #2 Information

Student Name (first, middle, last) _____ Date of Birth _____

School _____ Grade in Fall _____

Medical/Behavioral Concerns _____

☐ Check if new to our program: Name of Previous Program _____

Please check current preferred date of classes.

(If you need to make a change, please email smarkey@youngstowndiocese.org)

☐ Tuesdays (K-6) 4:45 - 6:15pm ☐ Wednesdays (K-6) 4:45 - 6:15pm ☐ Sundays (7-8) 9:45-11:45am

Student #3 Information

Student Name (first, middle, last) _____ Date of Birth _____

School _____ Grade in Fall _____

Medical/Behavioral Concerns _____

☐ Check if new to our program: Name of Previous Program _____

Please check current preferred date of classes.

(If you need to make a change, please email smarkey@youngstowndiocese.org)

☐ Tuesdays (K-6) 4:45 - 6:15pm ☐ Wednesdays (K-6) 4:45 - 6:15pm ☐ Sundays (7-8) 9:45-11:45am

OVER