

PARISH OF THE HOLY SPIRIT
2025-2026 Registration Information
Religious Education

Elementary: Ages 4-Grade 5 TUESDAYS 4:00-5:15 pm
Starts Tuesday, September 16, 2025.

Edge: Grade 6-8 SUNDAYS 6:30-8:00 pm
*Starts September 14, 2025: A **Parent Meeting** will also be held at this time.*

Life Teen: Grade 9-12 SUNDAYS 6:30-8:00 pm
Starts September 14, 2025
****Parents, please sign up for 2 times for the year to help serve dinner.***

Confirmation: Grade 8 Super Sundays 1:30-4:30 pm
*A **Parent Meeting** will be held on **September 7th at 2:00 pm**, and a schedule for the year will be given out then. **Attendance at all other Edge meetings is also required.***

PLEASE REGISTER BEFORE SEPTEMBER 1st TO SAVE YOUR SPOT! *After September 1st, qualified students from other parishes may register.*

How to register:

1. Please print out the Registration Form, one per family and Health Form, one per student, from the website OR find blank copies in our bulletin bin (vestibule) or at the Parish Office.
2. Mail, drop off the forms at the Parish Office or the Sunday collection basket, along with your tuition payment:

Parish of the Holy Spirit
7411 W. Clearwater Ave, Suite A
Kennewick, WA 99336

Tuition:

One student	\$35.00
Two students	\$60.00
Three or more students	\$85.00

Because there are extra texts, resources and activities for **sacrament prep classes, an additional \$20 fee per child is requested to help cover these costs.*

Contact Information:

Elementary:	Karen Gorham	735-8558	karen@holyspiritkennewick.org
Edge:	To Be Announced		edgehs99336@gmail.com
LifeTeen:	Joe Bliss	(216) 402-3118	lifeteenhs@gmail.com
	Jennifer Moore	492-6209	lifeteenhs@gmail.com
Confirmation:	Carol & Mike Gaulke	551-7626	micajere@msn.com

Sacrament Preparation

Each sacrament, First Reconciliation and First Eucharist, or Confirmation, will have one or more meetings for the parents as part of the preparation requirements.

First Reconciliation and First Communion:

Preparation for these sacraments is a **two-year program**. Generally, students in second grade will be preparing for the sacraments of First Reconciliation and First Communion provided they attended Religious Education classes or Catholic school the previous year. If not, students will be placed in the first-year preparation class. Students enrolling in this program must be baptized Catholics. Students not baptized in the Catholic Church will require additional preparation in the OCIC process (Order of Christian Initiation of Children). Parents who home school their children are to contact the Director of Religious Education for inclusion of their children in sacramental preparation.

***First Reconciliation Parent Meeting is Sunday, September 21, 2025 at 11:00 am
in PCC Room 7***

Confirmation:

Preparation for the sacrament of Confirmation is a **two-year program**. Students in the 8th grade may be Confirmed in the spring of 2026 if they have completed a previous year in the Edge program with good attendance. Students enrolling in this program must be baptized Catholics who have already received the sacraments of Reconciliation (Confession) and First Eucharist. **A mandatory parent meeting is scheduled for Sunday, September 7th at 2:00 pm** in the PCC hall to discuss the requirements and the schedule for Confirmation preparation.

Important note about Confirmation: Students in older grades (high school) may also be Confirmed if they have completed a previous year of preparation in either the Edge or Life Teen programs (or attended Catholic School). **However, students in grades 10-12 will be prepared for Confirmation differently than those in grades 8 or 9. Details about this high school program will be made available around Lent, 2026.** This preparation program is intended for high school youth who are baptized Catholics who have already received the sacraments of Reconciliation (Confession) and First Eucharist. **Attendance at all other Life Teen meetings is also required.**

Mandatory for All Sacrament Preparation Students:

Please send a copy of your child's baptismal certificate (and First Communion certificate for those preparing for Confirmation) along with the registration form. Your child will not be permitted to receive a sacrament without submitting this documentation. If your child was baptized at the Parish of the Holy Spirit, please just let us know to look for the copy in our parish records.

If you have any questions, please feel free to contact Karen Gorham, Director of Religious Education, at (509) 735-8558 or karen@holyspiritkennewick.org.

- Religious Education Registration

7409 W Clearwater Ave , Kennewick, WA 99336

Term: 2025-2026

FAMILY INFORMATION

Family Last Name: _____ **Date:** _____

Father: _____ Father's Email: _____

Mother: _____ Mother's Email: _____

Mother's Maiden: _____ **Emergency Contact:** _____

Home Phone: _____ Emergency Phone: _____

Home Address: _____

City, St, Postal: _____

Father's Cell / Work: _____ Father Religion: _____

Mother's Cell / Work: _____ Mother Religion: _____

STUDENT INFORMATION

Student Name: _____ **Catholic?** Yes / No

Gender: ☐ Male ☐ Female

Sacrament Details Check & Date All Below

Birth Date: _____ ☐ Baptism: _____

Grade: _____ ☐ Eucharist: _____

Session: _____ ☐ Reconciliation: _____

Class: _____ ☐ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities etc):

STUDENT INFORMATION

Student Name: _____ **Catholic?** Yes / No

Gender: ☐ Male ☐ Female

Sacrament Details Check & Date All Below

Birth Date: _____ ☐ Baptism: _____

Grade: _____ ☐ Eucharist: _____

Session: _____ ☐ Reconciliation: _____

Class: _____ ☐ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities etc):

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: \$ _____ **Tuition PAID:** \$ _____ **Signature:** _____

- Religious Education Registration

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STUDENT INFORMATION

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Gender: ☐ Male ☐ Female

Sacrament Details Check & Date All Below

Birth Date: _____

☐ Baptism: _____

Grade: _____

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☐ Reconciliation: _____

Class: _____

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Special Needs (Medical, Learning Disabilities, Physical Disabilities etc):

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Student Name: _____ **Catholic?** Yes / No

Gender: ☐ Male ☐ Female

Sacrament Details Check & Date All Below

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NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: \$ _____ **Tuition PAID:** \$ _____ **Signature:** _____

PARENTAL/GUARDIAN MANDATORY HEALTH FORM AND LIABILITY WAIVER
Diocese of Yakima and the Parish of the Holy Spirit

Please print

Name of Student _____ Date of Birth _____ Grade _____ Sex _____

Address _____
Street City State Zip Phone _____

EMERGENCY CONTACT PERSON:

Parent/Guardian Name _____ Cell Phone _____

Address (if different from student) _____

ALTERNATE CONTACT PERSON: (use someone near the primary contact)

Name _____ Relationship to student _____

Address _____
Street City State Zip

Home Phone _____ Work Phone _____ Cell _____

I, _____, permit _____ to take part in classes, youth activities, field
Print parent/guardian name Print student name

trips, and other activities sponsored by the Parish of the Holy Spirit, Kennewick, WA, whether said function is held in the city of Kennewick or out of town. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor student. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Parish of the Holy Spirit, its teachers, its officers, directors & agents, and the Diocese of Yakima, chaperones or representatives associated with any of the above mentioned activities, arising from or in connection with my child attending the activity or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Yakima, chaperones, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith. I give permission to use photos or videos of my child taken during program activities for future program promotion purposes.

Signature of parent/guardian _____ **Date** _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact the "Alternate Contact Person" I have listed above.

Signature of parent/guardian _____ **Date** _____

Insurance information: Family Physician name and phone _____

Family Health Plan Carrier _____ Policy Number _____

Specific Medical Information: **The parish will take reasonable care to see that the following information will be held in confidence.*

Medications presently taking: _____

Date of last tetanus/diphtheria immunization: _____

Food Allergies: _____

Allergic reactions (medications, plants, insects, etc.): _____

Any physical limitations: _____

Other information regarding your child's physical, medical, or emotional well-being which will help us to best meet his/her needs: _____

