HOLY GHOST CHURCH
Registration form for Religious Education

First Communion

Name of Student:	irst	Middle	Last
		te the class in: 🗆 Englis	
Name of School student is	Attending: _		
Grade Student will be in du			
Is Student Baptized? ☐ Ye	es 🗆 No		
Is your family registered a	t Holy Ghos	st? □Yes □No	Envelope #:
Student's Address:			Zip Code:
Parent's Cell Phone #(s):			Texting: \[Yes \]
Parent's E-Mail Address(es			
Student's Date of Birth:		Place of Birth:	
Date of Baptism:		Church of Bap	tism:
Address of Church of Bapt	sm:		
Name of Mother:			
Address if different then Child's:			
Sacraments received: D	-	Reconciliation DE	ucharist 🗆 Confirmat
Name of Father:			Religion:
Address if different then Child's:			
Sacraments received: ☐ E	·	Reconciliation DE	ucharist □ Confirmat
Marital Status of Parents:	□Married	in the Catholic Churcl	n
	□Married	Civilly Widowed	☐ Divorced ☐ Sepai

Please list any allergies, chronic cond	ditions, illnesses or special needs the student has:
	photos of my child during class, retreats, and oth- in various publications of the Archdiocese, which Yes Signature No Signature
against abuse: Yes	a class explaining how to protect themselves Signature Signature
My child has permission to receive Re	ligious Education instruction at Holy Ghost Church
Signature	Date
\$50 per student	be paid at the time of registration) ent for registered families t for Non-registered families ficate must be turned in with the registration form
C	Office Use Only
Parish Member Non-Parish Membe \$50 \$80	er
Amount Received: \$	Date Received:
Baptism Certificate: Yes No	Birth Certificate: ☐ Yes ☐ No