

**HOLY GHOST CHURCH**  
Registration form for Religious Education

RCIA for Children

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➡ Student would like to take the class in: ☐ English ☐ Spanish

Name of Student: \_\_\_\_\_  
First Middle Last

Name of School student is attending: \_\_\_\_\_

Grade Student will be in during 2026/2027 school year: \_\_\_\_\_

Is Student Baptized? ☐ Yes ☐ NO

Is your family registered at Holy Ghost? ☐ Yes ☐ No Envelope #: \_\_\_\_\_

Student's Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent's Cell Phone #(s): \_\_\_\_\_ Texting: ☐ Yes ☐ No

Parent's E-Mail Address(es): \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Church of Baptism: \_\_\_\_\_

Address of Church of Baptism: \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Religion: \_\_\_\_\_

Address if different then Child's: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Sacraments received: ☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation  
☐ Marriage (In the Catholic Church)

Name of Father: \_\_\_\_\_ Religion: \_\_\_\_\_

Address if different then Child's: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Sacraments received: ☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation  
☐ Marriage (In the Catholic Church)

Marital Status of Parents: ☐ Married in the Catholic Church ☐ Living Together  
☐ Married Civilly ☐ Widowed ☐ Divorced ☐ Separated

In Case of Emergency Please Contact: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Saint for your Confirmation: \_\_\_\_\_  
(If you do not know yet, it is a good idea to start researching saints)

Please list any allergies, chronic conditions, illnesses or special needs the student has:

\_\_\_\_\_

*Holy Ghost Church may take and use photos of my child during class, retreats, and other events. These photos may be used in various publications of the Archdiocese, which includes the church bulletin board:*

Yes \_\_\_\_\_  
Signature

No \_\_\_\_\_  
Signature

I give permission for my child to take a class explaining how to protect themselves against abuse: Yes \_\_\_\_\_

Signature  
No \_\_\_\_\_  
Signature

My child has permission to receive Religious Education instruction at Holy Ghost Church

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Registration Fee (Must be paid at the time of registration)**

**\$80 per student**

**A copy of the Birth Certificate must be turned in with the registration form  
and if the student is baptized a copy of the Baptism Certificate**

**Office Use Only**

Amount Received: \$ \_\_\_\_\_

☐ Cash ☐ Check ☐ Money Order ☐ myEoffering:

Birth Certificate: ☐ Yes ☐ No

Receipt #: \_\_\_\_\_

Baptism Certificate: ☐ Yes ☐ No

Date Received: \_\_\_\_\_