

ANCLA Fee

\$16 per child

Please submit payment at time of
registration**ANCLA Registration 2023-24**Holy Name Church
2914 S. Third Street
Louisville, KY 40208
502-637-5560

Family Last Name _____ Father's Name _____ Religion _____

Mother's Name _____ Mother's Maiden Name: _____ Religion _____

Address _____ City _____ State _____ Zip _____

Dad's Cell _____ Mom's Cell _____ Home email _____

Emergency Contact: Name _____ Relationship _____ Phone _____

Is the family registered in Holy Name Church? Y ___ N ___ Registered at another parish? Y ___ N ___ If yes, which parish? _____

Child's <u>Full</u> Name	DOB	School child attends	Grade level	Church Name and Location; date of Baptism	Circle the sacraments your child has celebrated	Special Needs (medical, educational, etc) Please be as specific as possible so we can create a safe and successful learning environment for your child.
1.					Reconciliation Eucharist Confirmation	
2.					Reconciliation Eucharist Confirmation	
3.					Reconciliation Eucharist Confirmation	
4.					Reconciliation Eucharist Confirmation	
5.					Reconciliation Eucharist Confirmation	

Photo/TV Monitor/Website Release

As parent/guardian of a Catechism student(s), I give permission to the Holy Name ANCLA program to photograph my child(ren) and use such images in parish publications and/or on the parish website. Photos will never be tagged with names.

Please check your response: YES _____ NO _____

Abuse Prevention Video Release

As parent/guardian of a Catechism student(s), I give permission for my child(ren) to view the Archdiocesan Abuse Prevention video while in Catechism class. If you do not wish your child to see this video, please do not send your child to class on the specified date of viewing.

You MUST check your response: YES _____ NO _____



I have read and understood the policies of the Holy Name ANCLA program: _____

(Parent signature)

(Date)