

PLEASE PRINT

2011-2012 Holy Spirit Catholic Community
ERE/ Edge/Life Teen Registration Form

Registration Fee: \$20 per Child or \$35
two or more in the immediate Family

Family's last name: _____ Home Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Father's name: _____ Work #: _____ Cell #: _____

Mother's name: _____ Work #: _____ Cell #: _____

Names of others authorized to pick up or transport your children: _____ Phone: _____

Non-parent emergency contact: _____ Phone: _____

	Oldest Child	Child	Child	Child
First Name				
Last Name				
Gender				

Religion				
Special Needs/Allergies				
English Second Language?	Yes or No	Yes or No	Yes or No	Yes or No
Birthdate (MM/DD/Year)				
Current School Grade Level				
Baptism (circle one)	Yes No	Yes No	Yes No	Yes No
1st Reconciliation/Confession (2 nd grade & up)	Yes No	Yes No	Yes No	Yes No
1st Communion (circle one) (2 nd grade & up)	Yes No	Yes No	Yes No	Yes No
Confirmation (circle one) (10 th grade & up)	Yes No	Yes No	Yes No	Yes No

Teens:
I would like to Lector (Read) at Youth Mass ? Y / N I would like to Usher at Youth Mass? Y / N

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Sacrament Information Form
_____1st Communion

Parish Sacrament Program _____ School Sacrament Program _____

Student's Full Name: _____ Date of Birth: _____ Age: _____

Address: _____ Phone: _____

Church of Baptism: _____ City/State: _____

Date of Baptism: _____ Copy of Certificate attached: Y N **Due by Jan. 30, 2012**

Parent Information:

Father: _____

Father's Address: _____

Father's Phone: Home _____ Work _____ Cell _____

Mother: _____ Maiden Name: _____

Mother's Address: _____

Mother's Phone: Home _____ Work _____ Cell _____

Email address: Student _____

Father _____ Mother _____

Signature of Parent or Legal Guardian: _____

I understand my obligation to provide all necessary baptismal and personal information before my child can receive the Sacrament.

For Parish Office use only:

Date of 1st Communion: _____

Presider: _____ Church: _____

Notification Sent: _____ By Whom: _____