

Date: _____
School Season: _____

Holy Child Parish Religious Education New Student Registration Form

A copy of child's Baptismal Certificate must accompany this form

Please print all Information

Child's Name _____ Date of Birth _____

School: _____ Grade entering in Sept: _____

Address _____ City _____ Zip _____

Home Phone _____ Email: _____

Mother/Guardian Name: _____ Cell: _____

Email: _____ Business/Day Phone: _____

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

Father/Guardian Name: _____ Cell: _____

Email: _____ Business/Day Phone: _____

Father's Religion _____

Is your family registered at Holy Child Parish? Yes No We would like to register

Child lives with Both parents Mother Father Other: _____

SACRAMENTS COMPLETED DATE CHURCH CITY/STATE/ZIP

Baptism _____

First Penance _____

First Holy Communion _____

(Please turn over)

Transfer Students:

If transferring please advise Parish/School where previous Religious Ed. Classes were taken

Please include a letter from the parish or school indicating the grade levels that were completed. Also please include a copy of their First Communion Certificate.

Medical Concerns:

Does your child have any food allergies, medical concerns or educational needs? Providing this information will help us to meet your child’s needs. It will be kept confidential.

Safe Environment Program

____ I give my permission for participation during this school year, in the Safe Environment Program, Think First, Stay Safe as mandated by the Diocese of Camden.

____ I do not give permission for participation in the Safe Environment Program.

Tuition

Parishioner

One child - \$160

Two children -\$200

Three or more children -\$250

Non-Parishioner

One child - \$210

Two children - \$250

Three or more children - \$300

Make checks payable to Holy Child Parish. Full payment of tuition is due at the time of registration. No child will be denied religious education because of financial concerns. Arrangements can be made by contacting our pastor, Fr. Joseph Ganiel, prior to registration. A payment schedule may also be arranged when necessary. Financial information will be kept strictly confidential.

Questions?

Please contact the Religious Education office at 856-939-1681 or holychildfaithformation@gmail.com

Parent Signature _____ (Please print) _____

OFFICE USE:

Date Received: _____

Sacramental Doc Received: _____

Payment: _____

Check/Cash: _____