

# Holy Spirit Parish Faith Formation Program 2019-2020 New Student Enrollment

Birth Certificate attached \_\_\_\_\_  
Baptismal Certificate attached \_\_\_\_\_ File No. \_\_\_\_\_

(Gr 6-12) 6-7:30pm Monday \_\_\_\_\_  
(Gr 1-5) 5-6:30pm Thursday \_\_\_\_\_  
(Gr 1-5) 8:30-10am Saturday \_\_\_\_\_

Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade in Sept 2019 \_\_\_\_\_ Age in Sept 2019 \_\_\_\_\_

Child lives with: Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other (specify) \_\_\_\_\_

Biological Father (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Registered at Holy Spirit? Yes No Envelope Number \_\_\_\_\_ Contributing? Yes No

Biological Mother Maiden \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Registered at Holy Spirit? Yes No Envelope Number \_\_\_\_\_ Contributing? Yes No

Emergency Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Sacraments child needs? (Circle) First Reconciliation First Communion Confirmation

Special Needs: \_\_\_\_\_

## Holy Spirit Staff Only

\_\_\_\_\_ Registered & Contributing to Holy Spirit Parish Current Tuition Amount \_\_\_\_\_  
\$85 first child, \$120 for 2, \$145 for 3 or more  
(50% due at time of Registration)

Total Due \_\_\_\_\_

Other siblings in program:

Name \_\_\_\_\_ File No. \_\_\_\_\_

Amount Paid \_\_\_\_\_

\_\_\_\_\_

Balance Due \_\_\_\_\_

\_\_\_\_\_

Inv # \_\_\_\_\_

\_\_\_\_\_

Additional Fees:

Invoice # \_\_\_\_\_ Paid \_\_\_\_\_

\_\_\_\_\_ Registered at Holy Spirit, not contributing or not registered \$100 first child, \$165 for 2, \$200 for 3 or more. \_\_\_\_\_

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