

PLEASE CHECK BOX: **NEW FAMILY** **RETURNING FAMILY**

ENGLISH

<u>Make checks payable to:</u> Holy Family Religious Education Credit Cards Accepted	Mail or turn in completed Registration forms and fee to: Holy Family Religious Education 18708 Clarkdale Avenue Artesia CA 90701	<u>2017-2018</u> <u>REGISTRATION FEES</u> \$100.00 one student ++ \$125.00 two students ++ \$150.00 three or more students ++ (++See REGISTRATION POLICY)	DATE OF REGISTRATION _____ AMOUNT ENCLOSED \$ _____	FOR OFFICE USE ONLY Amount Pd \$ _____ Amount Due \$ _____ Cash \$ _____ Check/CC # _____	FESTIVAL TICKET # _____ Date _____ by _____
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Family Name (PLEASE PRINT)		Primary Phone		Emergency Phone	
Home Address		Apt. No.	Father's Name (First & Last)		Mother's Name (First & <u>Maiden</u> Name)
City		Zip Code	Father's Religion		Mother's Religion
Are you registered in Holy Family Parish? (Circle one) YES NO		Father's Cell Phone ()		Mother's Cell Phone ()	

<ul style="list-style-type: none"> <u>++REGISTRATION FEE POLICY</u> /*REGISTRATION FEES ARE NONREFUNDABLE. Fees must be paid at the time of registration; time payments may be arranged. A <u>minimum deposit of \$50.00 per family</u> is required at the time of registration. A <u>late fee of \$25.00 per family</u> will be charged for registrations received <u>after August 20.</u> <p><u>Parish Festival Tickets Fee:</u> All registering families are required to purchase a book of tickets for \$20.00. This amount is <u>included</u> in the Registration Fee. PLEASE NOTE: A \$15.00 fee will be charged on all returned checks.</p>	<u>Baptismal Certificate</u> A copy of the Baptismal Certificate is required for all new students. <u>Sacramental Fee</u> First Communion year 2 \$50 <u>Confirmation</u> Year 1 retreat & Bible fee \$50 Year 2 retreat \$140	<p style="text-align: center;">CLASS SCHEDULE</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 5px;">Ages 3-4-5 yr. old:</td> <td style="padding: 5px;">Sunday 9:45am-10:45am (Potty trained)</td> </tr> <tr> <td style="padding: 5px;">Grades 1-6 (Eng.)</td> <td style="padding: 5px;">Saturday 8:30-9:30am OR Saturday 10:00am-11:00am</td> </tr> <tr> <td style="padding: 5px;">Grades 1-6 (Span)</td> <td style="padding: 5px;">Saturday 11:30am-12:30pm (Spanish-Bilingual)</td> </tr> <tr> <td style="padding: 5px;">Grades 3-12</td> <td style="padding: 5px;">Monday 7:00-8:00pm (Baptism & First Communion Preparation year 1 & 2)</td> </tr> <tr> <td style="padding: 5px;">Grades 7-8</td> <td style="padding: 5px;">Wednesday 6:30-Mass, 7-8pm Class (Junior High Classes)</td> </tr> <tr> <td style="padding: 5px;">Grades 9-12</td> <td style="padding: 5px;">Sunday 2-4pm Class, 4pm Mass (Confirmation 1 and 2)</td> </tr> </table>	Ages 3-4-5 yr. old:	Sunday 9:45am-10:45am (Potty trained)	Grades 1-6 (Eng.)	Saturday 8:30-9:30am OR Saturday 10:00am-11:00am	Grades 1-6 (Span)	Saturday 11:30am-12:30pm (Spanish-Bilingual)	Grades 3-12	Monday 7:00-8:00pm (Baptism & First Communion Preparation year 1 & 2)	Grades 7-8	Wednesday 6:30-Mass, 7-8pm Class (Junior High Classes)	Grades 9-12	Sunday 2-4pm Class, 4pm Mass (Confirmation 1 and 2)
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Student's Name	Birthdate	Sex	Grade in	SACRAMENTS RECEIVED? (Mark YES or NO)			(See Class Schedule Above)	Placed	Tally
Last	(mm/dd/yy)	(circle)	September	Baptism	Communion	Confirmation	CLASS DAY/ TIME	Room #	
		M F		YES NO	YES NO	YES NO			
		M F		YES NO	YES NO	YES NO			
		M F		YES NO	YES NO	YES NO			
		M F		YES NO	YES NO	YES NO			

Language spoken at home: English ___ Spanish ___ Portuguese ___ Tagalog ___ Other _____	Racial/Ethnic Origin: Please check (<input type="radio"/>) (For annual census report)									
	White	African Am.	Hispanic	Portuguese	Filipino	Chinese	Other Asian	Am.Indian	Pac.Islander	Other

Student's Name	Name of Previous Catholic School or Religious Education	City, State	Grade(s) Attended

EMERGENCY INFORMATION

STUDENT INFORMATION

(PLEASE PRINT)

FILL OUT COMPLETELY

Student's First Name / Last Name	Medical Conditions/Allergies/Learning Disabilities/Special Needs/Prescribed Medications

CONSENT FOR MEDICAL CARE

I hereby give my permission to have my child/ren treated with minor first aid and/or by medical personnel as the need arises.
 In the event of an emergency situation, major earthquake or disaster, your child/ren will be held on the church grounds and only released to those adults listed below.
 I hereby give consent for my child/ren to be released to the persons listed below if I am unable to be located. I have notified each of them regarding this permission.
 Parent/Guardian Signature _____ Date: _____

List 2 adults you authorize to pick up your child/children in an emergency: (Do not list parent names)

Name		Name	
Primary Telephone ()	Relationship to child	Primary Telephone ()	Relationship to child

THIS SECTION FOR OFFICE USE ONLY

Child/ren released to:	Date:
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Parent Permission to Photograph/Video Students Release Consent/Virtus Training

- I **grant** permission for my child/children's photograph/video/name to be used for publication relating to Holy Family Website Facebook, bulletin board, or REP newsletters.
- I **deny** permission for my child/children's photograph/video/name to be used for publication relating to Holy Family Website Facebook, bulletin board, or REP newsletters.
- I **give** permission for participation in the Protecting God's Children Virtus Training program for this school year as mandated by the Archdiocese of Los Angeles
- I **do not give** permission for participation in the Protecting God's Children Virtus Training.

Parent/Guardian Signature

Date