## HOLY ROSARY CHURCH FAITH FORMATION REGISTRATION FORM SCHOOL VEAP 2019 2020

	SCHOOL YE	AR 2019-2020	
Today's Date:			
Please Print Clearly and R Tuition Payment.	eturn Registration Form to Paris	h Office together with Baptism C	Certificate and
	OF STUDENT'S BAPTISMAL/CON Y ON FILE (REGISTRATION WILL		
Child's Name	Gender: Male	_ Female Date of Birth:	Age:
Address:			
Home Phone:	E-mail address	:	
	oner of HOLY ROSARY CHURCH ease complete a Parish Registration		
Father/Guardian Name:		Religion:	
Cell Phone No:		_ Occupation:	
Mother/Guardian Name:		_ Religion:	
Cell Phone No:		_ Occupation:	
Child's Sacraments:			
Date of Baptism:	Church		
	n certificate is required. If this is your on . <u>Registration form will not be acceptant</u>		e attach a copy of his/her
Has child received RECONCIL	LIATION (Confession)? YES NO _	_ If yes, name of Church	
Has child received EUCHARIS	ST (First Communion)? YES NO	If yes, name of Church	
Name of the school the student attends:		Grade he/she will start in September 2018	
	y special services: (CONFIDENT	,	
Learning Disabilities	Language Impairment En	notionally Impaired? Other	
Additionally: I am willing	to assist in the following area(s):		
TEACHING: SUBSTIT	UTE: CLASSROOM ASSISTA	ANT:	
` •	eer as a Catechist or an Aide, you ar le of Conduct, agree to a background	• •	
If you are not the named gu the program must be attach PLEASE REGISTER	R BEFORE April 28, 2019, SROOM SPACE, TEACHI	Sducation, a letter giving you perm THIS ENABLES US TO P	ission to enroll your child in PROPERLY PREPARE
Parent Signature:			
	st Child * ** \$25.00 each additionmunion Class (2nd Grade) ***		Grade)
Total Tuition Due: \$	Amount Paid\$	Date Paid: \$	