

Holy Family Parish
2729 Center Road
Poland, OH 44514
Phone: 330-757-1545



**Religious Education
Registration Form
School Year 2019-2020**

Contact Info

Father's Name _____ Religion _____

Mother's Name _____ Religion _____

Legal Guardian's Name _____

To whom should communications be sent _____
Name _____ Relation to Student _____

Address for Communications _____

Email for Communications _____ Preference: US Mail Email

Home Phone _____ Cell Phone(s) _____ / _____

Emergency Contact & Relationship _____ Phone _____

Student #1 Info

Student's Name _____ Date of Birth _____

School _____ Grade in Fall _____

Medical/Behavioral Concerns _____

Check One Session: Tuesdays 4:45-6:15 p.m. (K-6) Sundays 9:45-11:45 a.m. (7-8)

Wednesdays 4:45-6:15 p.m. (K-6)

Check if new to our program: Name of previous program _____

Please include a copy of his/her Baptismal Certificate as well as a list of all Sacraments s/he has received (sacrament, date, church, city, state).

Student #2 Info

Student's Name _____ Date of Birth _____

School _____ Grade in Fall _____

Medical/Behavioral Concerns _____

Check One Session: Tuesdays 4:45-6:15 p.m. (K-6) Sundays 9:45-11:45 a.m. (7-8)

Wednesdays 4:45-6:15 p.m. (K-6)

Check if new to our program: Name of previous program _____

Please include a copy of his/her Baptismal Certificate as well as a list of all Sacraments s/he has received (sacrament, date, church, city, state).

(over)

Student #3 Info

Student's Name _____ Date of Birth _____

School _____ Grade in Fall _____

Medical/Behavioral Concerns _____

Check One Session: Tuesdays 4:45-6:15 p.m. (K-6) Sundays 9:45 - 11:45 a.m. (7-8)

Wednesdays 4:45-6:15 p.m. (K-6)

Check if new to our program: Name of previous program _____

Please include a copy of his/her Baptismal Certificate as well as a list of all Sacraments s/he has received (sacrament, date, church, city, state).

Permission, Verification, and Fees

I give permission for my child's picture to be used on the parish website or other social media and publications.

I have read the Religious Education handbook and agree to the requirements of the program, including the Code of Conduct. (The Religious Education handbook & the Code of Conduct can be found at www.HolyFamilyPoland.org under "Forms and Paperwork".)

I hereby verify that the above information is accurate to the best of my knowledge.

Parent/Guardian Name

Parent/Guardian Signature

Date

Class Fees cover books and other Religious Education Material. Sacramental fees are in addition to Class Fees and cover additional materials needs for sacramental preparation, including retreats.

Class Fees

Parishioners: One Child (\$50) Two Children (\$100) Three or more Children (\$125)

Non-Parishioners: One Child (\$130) Two Children (\$260) Three or more Children (\$390)

Sacrament Fees

First Communion (\$30 additional) Confirmation (\$40 additional)

Late Fees (for registrations received after **August 23rd**) (Waived *only* for families new to our program.)

One Child (\$25 additional) Two or more Children (\$50 additional)

Total Fees Due: _____

Notes

- Fees must be *paid by check* and returned to the Religious Education office by **August 23rd** to be considered on time. Your cleared check is your receipt.
- Late fees will be waived for families new to our program for the current catechetical year.
- Out of fairness to all families, we cannot place your child(ren) in a classroom until all fees are paid in full. In cases of financial hardship, please contact the Religious Education office at 330-757-1545, ext. 24. All information discussed is held in the strictest confidence.

*** For Office Use ***

Date Received _____ Class Fees _____ Sacramental Fees _____ Total Owed _____

Amount Paid _____ Check # _____ Other Notes: _____