**Holy Spirit Parish School Religion**

**2022-2023 Registration**

Student’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please mark “Y” or “N” for each of your student’s sacraments:**

**Baptism Eucharist Reconciliation Confirmation**

I agree to my child participating in events that may take him/her off parish grounds. I further understand and agree that I assume full responsibility for any loss or damage to property, and bodily injury to others, caused by my child/children, whether by accident or intent. It is further understood that I assume all responsibility for payment of medical expenses incurred by the child/children due to illness or injury during the above described activity. I have read the above form and fully understand the agreement and consent to its terms.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**\*Please provide a copy of your child’s baptism certificate if baptized somewhere other than Holy Spirit church. Thank you.**