

Holy Redeemer Immaculate Conception Collaborative

Faith Formation Registration Form

Grades Pre-K - 8 2020-2021

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Information regarding the class schedule can be found on the parish website: hricatholic.org

FAMILY INFORMATION

Last Name: _____ Home Phone: _____

Mailing Address:

City State Zip

Mother's Name: **(including Maiden)** _____ Father's Name: _____

Work/Cell Phone: _____ Work/Cell Phone _____

E-mail address: _____

1. Child's Name _____ Birth Date _____ Sex M F Grade in **Sept.** 2020 _____

Any special needs or allergies? _____

____ My child is new to the program and I am **enclosing a baptismal record**

____ My child is new to the program and was baptized at Immaculate Conception/Holy Redeemer Parish

2. Child's Name _____ Birth Date _____ Sex M F Grade in **Sept.** 2020 _____

Any special needs or allergies? _____

____ My child is new to the program and I am **enclosing a baptismal record**

____ My child is new to the program and was baptized at Immaculate Conception/Holy Redeemer Parish

3. Child's Name _____ Birth Date _____ Sex M F Grade in **Sept.** 2020 _____

Any special needs or allergies? _____

_____ My child is new to the program and I am **enclosing a baptismal record**

_____ My child is new to the program and was baptized at Immaculate Conception/Holy Redeemer Parish

4. Child's Name _____ Birth Date _____ Sex M F Grade in **Sept.** 2020 _____

Any special needs or allergies? _____

_____ My child is new to the program and I am **enclosing a baptismal record**

_____ My child is new to the program and was baptized at Immaculate Conception/Holy Redeemer Parish

Emergency Contact Information other than parent:

Name _____ Address _____

Home Phone _____ Cell Phone _____

Insurance Information for emergency purposes:

Subscriber's Name: _____

Insurance Company: _____

Policy/Member # _____

I/We authorize the use of **photos/videos** of members of our family in parish publications _____.
(Please initial)

Please sign the permission slip below allowing your child/ren to go off campus with his/her class.

Prior notice will always be given along with the pertinent details of the outing.

I give permission for my child (ren) _____

to take part in an off-campus outing with the Faith Formation class..

Signature of Parent or Guardian: _____

Payable at time of Registration:

Pre-K – Gr 5 \$125 per family

Grade 2 _____ @ \$150 per child please indicate HR _____ IC _____

Grades 6-8 _____ @ \$140 per child

Enclosed: \$ _____

Please check if there is a need to budget.

Budget _____