

RELIGIOUS EDUCATION REGISTRATION FORM
PSR, TEAM, SUNDAY SCHOOL, CONFIRMATION
HOLY FAMILY PARISH 3450 SYCAMORE DR. STOW, OHIO 44224

PLEASE PRINT ALL INFORMATION. ALL REGISTRATON FORMS ARE DUE BACK BY AUGUST 15, 2013.

If you are registering for more than one program you may pay all fees in one check, payable to Holy Family. Please list the programs you are registering for at the bottom of the check. If payment is an issue, contact Diane Hurtuk. No one will be turned away because of financial difficulty.

Household Name _____

(street address) (city) (zip)

(phone number) (cell number) (e-mail)

Are you a registered Holy Family Parishioner? _____yes _____no-parish name

PSR: Children in Public School Grades 1st-8th

Director: Mrs. Diane Hurtuk e-mail: hurtuk@holyfamilystow.org 330-688-6412 ext 273

(student's first name) (middle name) (last name)

(date of birth) (grade-2013-14) (name of school attending)

(student's first name) (middle name) (last name)

(date of birth) (grade-2013-14) (name of school attending)

(father's first, middle and last name) (religion)

(mother's first middle and last name) (mother's maiden name) (religion)

Fee: one child \$ 65.00, two children \$ 105.00, three or more children \$ 130.00. Please return this form, emergency health form and fee to the rectory office or mail to above address. Due back by August 15.

Fee amount enclosed _____.

Public School First Communion students (2nd grade) must also complete the registration form for First Communion (in packet).

TEAM (All Parishioners) Coach: Mrs. Diane Hurtuk e-mail: hurtuk@holyfamilystow.org 330-688-6412 ext. 273

Adult _____ Adult _____

Child _____ grade (2013-14) Child _____ grade (13-14)

Child _____ grade (2013-14) Child _____ grade (13-14)

Childcare (under 3 years) _____ age _____ Childcare (under 3 years) _____ age _____

Season tickets: five events

1 person \$ 20.00
2 people \$ 35.00
3 + people \$ 50.00

Single event tickets

1 person \$ 6.00
2 people \$ 10.00
3 + people \$ 15.00

Please return this form, emergency health form and fee to the rectory office or mail to above address. Due back by August 15.

(over)

SUNDAY SCHOOL

Director: Mrs. Mary Ann Hopkins

e-mail: mah3718@aol.com

330-688-6412 ext. 472

check one... 3 YR OLD CLASS (3 by 9/30) 4 YR OLD CLASS (4 by 9/30) Kindergarten (5 by 9/30)

_____ Male _____ Female _____
(student's first name) (last name)

_____/_____/_____
(date of birth) (city of birth) (state of birth)

_____/_____/_____
(baptism date) (church of baptism)

(church of baptism address) (city) (state) (zip)

(father's first, and last name) (religion)

(mother's first and last name) (mother's maiden name) (religion)

Is there anything about your child that is important for the teacher to know? _____

The program fee is \$ 40.00 per child. Please return this form, emergency health form, and fee to the rectory office or mail to above address. Due back by August 15

CONFIRMATION (high school)

Director: Mrs. Barbie Byrne

e-mail: byrne@holymfamilystow.org

330-688-6412 ext. 271

_____ (student's **PROPER** first name) (middle name) (last name)

_____ (nickname) (confirmation candidate's e-mail)

_____/_____/_____
(date of birth) (city of birth) (state of birth) (name of high school) (grade 2013-14)

_____/_____/_____
(baptism date) (church of baptism)

(church of baptism address) (city) (state) (zip)

(church of first communion) (city) (state) (zip)

(father's first, middle and last name) (religion)

(mother's first middle and last name) (mother's maiden name) (religion)

Please see Confirmation schedule for complete list of dates for the Confirmation Preparation Process.

The program fee is \$ 70.00. Please return a **COPY** of your child's baptismal certificate (if not baptized at Holy Family, Stow), a recent color photo (face shot please), sponsor form, name form & emergency health form to the rectory office or mail to above address. Due back by August 15

Make your check payable to Holy Family and indicate your program(s) at the bottom of your check. Thank you.

If your child attended public school for 7th and/or 8th grade and did not attend PSR, please contact Diane Hurtuk, 330-688-6412, ext. 273.

ADDITIONAL REGISTRATION FORMS ARE AVAILABLE ONLINE AT www.holyfamilystow.org., OR IN THE RECTORY OFFICE.



**HOLY FAMILY
PARISH**

3450 Sycamore Drive
Stow, OH 44224-3999

HOLY FAMILY EMERGENCY HEALTH FORM

_____/_____/_____
(date)

(child's name)

(child's name)

(child's name)

(child's name)

(parent's name)

(phone #)

(cell #)

(address)

(city)

(emergency phone #)

I hereby give my permission for my child to receive emergency first aid. In the event parents cannot be reached, please list the hospital and doctor you desire to administer emergency care.

(hospital)

(doctor)

(phone #)

(dentist)

(phone #)

Signature of Parent _____ **Date** _____

Allergies: _____

Medications being taken: _____

Physical impairments/other pertinent information: _____
