

Holy Ghost Catholic Church Parish School of Religion Registration Form 2018-19

Your family must be registered with Holy Ghost Catholic Church to participate in PSR. If you are registered with another church parish, you must get written permission from the Pastor to participate with Holy Ghost's PSR.

1. Student Information:

Student: _____
Last Name First Middle

Address: _____ **Phone:** (____) _____

City: _____ **State:** _____ **Zip:** _____

School Currently Attending: _____ **Yrs. Rel. Ed.** _____

Sex: M F **Date of Birth:** ____/____/____ **Place of Birth:** _____

Date of Baptism: ____/____/____ **Copy of Baptismal Certificate attached:** yes no

Church of Baptism: _____

Address: _____ **City** _____ **State,** _____ **Zip:** _____

Penance/Reconciliation: _____
Date (year) Church Location

Eucharist: _____
Date (year) Church Location

Grade in school starting in the FALL: _____

Please list any special needs or information regarding your child on the lines below. Thank you!

Special Needs: _____

FEES: Grades K – 5th, \$35 for the first child and \$15 for each additional child.
 Grades 6th – 11th, \$35 for each child.

CHURCH PARISH: _____ Registered: yes no **ID #** _____
(Name of Catholic Church where you are registered) (# on Envelopes)

2. FAMILY INFORMATION

Father's Full Name: _____ **Phone:** _____
Cell/Work

Mother's Name: _____ **Phone:** _____
First Middle MAIDEN | Cell/Work

Parent(s)/Guardian(s) Email address(es): _____

***** PHOTO AUTHORIZATION *****

By my signature, I give my permission to have candid and/or formal photos of my son/daughter taken with the understanding that these photos may be displayed on the Holy Ghost Church website, the local newspaper, and/or Catholic Commentator, and/or in the Gathering Area of Holy Ghost Catholic Church, Hammond, LA.

Parent Signature: _____ Date: _____