

# Holy Name Faith Formation

Registration Form 2017 - 2018

PLEASE FILL OUT FORM COMPLETELY (Both Sides) - PLEASE PRINT CLEARLY

Member of Holy Name Parish?  Yes  No Holy Name Envelope # \_\_\_\_\_

Is your family new to the Faith Formation program at Holy Name?  YES  NO

NOTE: If you are new to Holy Name or have children in **Grades K and 1** of the Faith Formation program, you must attach a copy of each child's **Baptismal Certificate** per the *Archdiocese of Detroit* requirements

Holy Name Parish  
630 Harmon Street  
Birmingham, MI 48009  
248.642.4130

Date _____	Office Use Only
Amount Paid _____	
Cash _____	
Check # _____	
Initials _____	

**Family Last Name (Legal Last Name of Child)** \_\_\_\_\_

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

**Primary Parent Email Address** \_\_\_\_\_

**Child Lives With**  Both Parents  Mother  Father  Mother and Stepfather  Father and Stepmother  Grandparents  Other

If parents are divorced, custody was granted to  Joint  Mother  Father

**Name of Mother** \_\_\_\_\_ **Occupation** \_\_\_\_\_

Address (if different) \_\_\_\_\_ City, State Zip \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

Religion  Roman Catholic  Orthodox  Eastern Catholic (Chaldean, Melkite, Maronite, etc.)  Other (please describe) \_\_\_\_\_

**Name of Father** \_\_\_\_\_ **Occupation** \_\_\_\_\_

Address (if different) \_\_\_\_\_ City, State Zip \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

Religion  Roman Catholic  Orthodox  Eastern Catholic (Chaldean, Melkite, Maronite, etc.)  Other (please describe) \_\_\_\_\_

**Tuition Rates and Sacramental Material Fees:**

Parishioner*	Faith Formation Tuition	\$170 One Child	First Communion	\$50 per Child
		\$340 Two Children	Grade 6	\$30 per Child (Bible Fee)
		\$495 Three or More Children	Confirmation	\$50 per Child (Grade 8)
Non-Parishioner	Faith Formation Tuition	\$220 per Child	ASH/UofD	\$75 (includes Confirmation)

\*Early Registration Fee Discount \$5 Per Child if Received by June 30, 2017

**TOTAL ENCLOSED** \$ \_\_\_\_\_

Please make checks payable to Holy Name Faith Formation

Name of Child #1 \_\_\_\_\_

Male     Female    Grade in Fall 2017 \_\_\_\_\_

School \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Church of Baptism \_\_\_\_\_

Sacraments Received     Baptism     Eucharist  
 Confirmation

Special Needs/Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Name of Child #2 \_\_\_\_\_

Male     Female    Grade in Fall 2017 \_\_\_\_\_

School \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Church of Baptism \_\_\_\_\_

Sacraments Received     Baptism     Eucharist  
 Confirmation

Special Needs/Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Name of Child #3 \_\_\_\_\_

Male     Female    Grade in Fall 2017 \_\_\_\_\_

School \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Church of Baptism \_\_\_\_\_

Sacraments Received     Baptism     Eucharist  
 Confirmation

Special Needs/Allergies \_\_\_\_\_

Medications \_\_\_\_\_

**Photo Release**

I \_\_\_\_\_ grant permission to Holy Name Parish and Holy Name Faith Formation to use my child(ren)s likeness and/or name on the website and/or other publications.

**Signature of Parent / Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**“Circle of Grace” Permission Form**

My child has my consent to participate in the annual “Circle of Grace” program which will be taught in Faith Formation in the Winter/Spring of 2017. This is in accordance with the requirements set by the Safe Environments Office of the Archdiocese of Detroit.

Child #1 Name \_\_\_\_\_ Grade \_\_\_\_\_      Parent / Guardian \_\_\_\_\_

Child #2 Name \_\_\_\_\_ Grade \_\_\_\_\_      **Signature** \_\_\_\_\_

Child #3 Name \_\_\_\_\_ Grade \_\_\_\_\_

Additional adults permitted to pick up child(ren) \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of your choice in the event an injury needs immediate attention and no one can be reached \_\_\_\_\_

NOTE: I agree to pay any and all charges which may become necessary during any emergency treatment and/or pay any and all hospital charges if my child must be taken to the hospital should the Faith Formation Office be unable to locate me by phone at the time of said emergency.

**Signature of Parent / Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_