

Holy Name Faith Formation

Registration Form 2019 - 2020

DUE: August 30, 2019

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 _____

Amount Paid _____

Check # _____

Initials _____

Office Use Only

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)

TOTAL ENCLOSED \$ _____

Please make checks payable to Holy Name Faith Formation

Name of Child #1 _____

Male Female Grade in Fall 2019 _____

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 2019 _____

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 2019 _____

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 (not applicable to ASH/UD students)

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 2020. 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** _____