

Holy Family Catholic Church – Religious Education Program Application

1453 North Road Street – Elizabeth City, NC 27909

PH: (252) 338-2521 / FAX: (252) 338-4183 / Email: holyfamily@embarqmail.com

STUDENT INFORMATION - (**CHILD #1**)

PLEASE PRINT CLEARLY

Student's Name: _____ Home Phone: _____

Address: _____

Date of Birth: _____ Male or Female (circle one) Academic Grade in School: _____

Does your child have any medical and or learning problems we should be aware of? _____

SACRAMENTS: PLEASE COMPLETE. We must have a copy of your child's Baptismal Certificate. If your child has not received their Sacraments here at Holy Family, we need the name and complete address of the church, as well as the date Sacraments were received.

Is your child Baptized? Yes ___ No ___ Date/Church: _____

Has your child received Reconciliation? Yes ___ No ___ Date/Church: _____

Has your child received 1st Communion? Yes ___ No ___ Date/Church: _____

Is your child Confirmed? Yes ___ No ___ Date/Church: _____

STUDENT INFORMATION - (**CHILD #2**)

Student's Name: _____ Home Phone: _____

Address: _____

Date of Birth: _____ Male or Female (circle one) Academic Grade in School: _____

Does your child have any medical and or learning problems we should be aware of?: _____

SACRAMENTS: Please complete and attach a copy of your child's Baptismal Certificate

Is your child Baptized? Yes ___ No ___ Date/Church: _____

Has your child received Reconciliation? Yes ___ No ___ Date/Church: _____

Has your child received 1st Communion? Yes ___ No ___ Date/Church: _____

Is your child Confirmed? Yes ___ No ___ Date/Church: _____

FAMILY NAME: _____

PARENT INFORMATION: Are you registered at Holy Family Parish? Yes / No (If no, Please see the parish office for a registration form.)

FATHER:

First Name: _____

Last Name: _____

Religion: _____

Cell PH: _____

Home Phone: _____

Email: _____

Only if different from child's:

Address: _____

MOTHER:

First Name: _____

Last Name: _____

Maiden Name: _____

Religion: _____

Cell PH: _____

Home Phone: _____

Email: _____

Address: _____

Parent's Marital Status: (circle one): Married Divorced Widowed Single Remarried

Child lives with: (circle one) Mother & Father Mother Father Other: _____

By our signature(s) appearing below, we acknowledge that we have read and will abide by the attached religious education covenant:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

If I cannot be reached in case of emergency please contact: (Person should be available during class time)

Name/Relationship _____ Phone: _____

We can help in the following way during the year: Catechist Substitute Volunteer
Classroom parent Other: _____ (please circle one)

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STUDENT INFORMATION - (**CHILD #3**)

Student's Name: _____ Home Phone: _____

Address: _____

Date of Birth: _____ Male or Female (circle one) Academic Grade in School: _____

Does your child have any medical and or learning problems we should be aware of?: _____

SACRAMENTS: Please complete and attach a copy of your child's Baptismal Certificate

Is your child Baptized? Yes ___ No ___ Date/Church: _____

Has your child received Reconciliation? Yes ___ No ___ Date/Church: _____

Has your child received 1st Communion? Yes ___ No ___ Date/Church: _____

Is your child Confirmed? Yes ___ No ___ Date/Church: _____

STUDENT INFORMATION - (**CHILD #4**)

Student's Name: _____ Home Phone: _____

Address: _____

Date of Birth: _____ Male or Female (circle one) Academic Grade in School: _____

Does your child have any medical and or learning problems we should be aware of?: _____

SACRAMENTS: Please complete and attach a copy of your child's Baptismal Certificate

Is your child Baptized? Yes ___ No ___ Date/Church: _____

Has your child received Reconciliation? Yes ___ No ___ Date/Church: _____

Has your child received 1st Communion? Yes ___ No ___ Date/Church: _____

Is your child Confirmed? Yes ___ No ___ Date/Church: _____