REGISTRATION 2006-2007 HOLY SPIRIT PARISH RELIGIOUS FORMATION PROGRAMS

<u>Registration Fees:</u> \$40/student_ For more information contact: Colleen Coordinator at 452-6491.							-	
Parent(s)/Guardian(s)Name								
Address:						zip_		
Phone: home	work	cell						
E-mail address								
Emergency contact:		Phone:						
Are you registered in Holy Spirit	Parish? Yes	_ No_						
Rolls & Coffee Sign-Up: Month See calendar for dates. You will be ass A parish-wide stewardship project.								
* <u>If your child has special needs</u>	, please contact (Collee	n at 452-	-6491,	ext 20	8.		
*For Childcare arrangements of	all Colleen at 45	2-649	1, ext. 20	08.				
Students			Sacraments Received DOB Grade Bap Rec Conf Euch					
	- cth -	DOB	Grade	Вар	Rec	Conf	Euch	
Elementary Preschool (4years) thru 6 th grade							
Middle School 7 th and 8 th grades								
High School 9 th thru 12 th grade	e							

I(We) give permission for Holy Spirit Parish to seek medical attention for my(our) child(ren) listed above to seek medical attention in case of illness or injury. I(We) release Holy Spirit

Parish of any liability in case of an accident.

Parent/Guardian Signature