

11665 Fort Caroline Road, Jacksonville, Florida 32225 Phone (904) 641-7244 + Fax (904) 641-7266

FOR OFFICE USE ONLY			
Date Received	d		
Assignment _			
Paid \$	Cash/Check #		

2018-2019

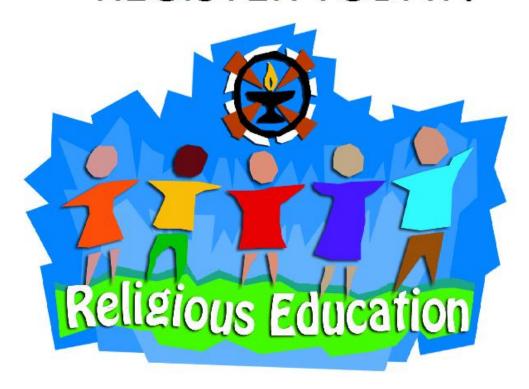
STUDENT INFORMATION					
Student's name					
First name Nickname	Middle name	Primar	Last name y language		
Address		Home	phone #		
City	State	Zip Emerge	ency phone #		
Date of BirthPlace	e of Birth		Male/Female		
School now attending					
Parent's valid email address					
Did the student attend religious education at Holy Spi	rit Church last year?Yes	sNo Grade			
If the student did <u>not</u> attend religious education at Holy Spirit Church last year, has the student previously received religious education in a Parish Religious Education program, Catholic School or Home School Program?YesNo					
If yes, where?					
If Home Schooled, prod	of of curriculum used by Holy Sp	irit Religious Education Progra	nm will be required.		
REGISTRATION FEES:\$40 FOI	R 1 CHILD\$75 F	OR 2 CHILDREN	\$110 FOR 3 OR MORE CHILDREN		
	SACRAMENTS RECEIVE	D BY THE STUDENT			
Baptism					
Date Church		City	State		
First Communion					
Date Church		City	State		
Do you expect the student to receive a sacrament this year?YesNo					
If yes, please specify which sacrament(s)					
If your child plans on receiving a sac	rament inlease attach a conviof	the Sacramental Certificates r	e ceived from any other narishes		
SACRAMENTAL RETREAT FEES (PER CHILD					
SACRAMENTAL RETREAT FEES (PER CHILD			TION330 CONFINIVIATION		
	PARENT INFO	RMATION			
Father's Name		Religion			
Mother's Name	_ Maiden	Religion			
Parent's Marital StatusMarriedS	eparatedDivorced	Widowed	RemarriedSingle		
Child lives withBoth parentsFat	herMother	_Guardian			
child lives with guardian: Name Religion Religion					
Are you a member of Holy Spirit Church?Ye	sNo Parish Envelop	oe Number Mass u	sually attends		
If registered in another Parish, what is the name of the Parish? Envelope Number					
If you are not	registered with Holy Spirit, plea	ase complete a parish registra	tion form.		

ALLERGIES				
On occasion, the religious education program and/or an individual teacher may provide snacks for your child or walk on the church grounds such as to go to confession or prayer. Please list any allergies and/or foods that we may NOT give your child.				
				
PICK UP AUTHORIZATION				
Person(s) authorized to pick up your child (please print)				
ADDITIONAL CTUDENT INFORMATION				
ADDITIONAL STUDENT INFORMATION				
Please include in this box any other information you would like to share with us about your child that you believe may be important for us to know:				
ADDITIONAL FAMILY NEEDS				
ADDITIONAL FAMILY NEEDS				
If your family has any other needs from the Parish, please make a note here for Fr. Amar, Maribel Hernandez or the Parish staff, and give the best daytime phone number or email address at which you can be reached (e.g. marriage needs to be blessed, a baby baptized, an adult confirmed.)				
OPTIONAL PERMISSION FOR PHOTOGRAPHY				
Photographs for religious and parish use:				
I give Holy Spirit Catholic Church permission to use audio/visual and photographs taken of my child during the Religious Education Program for the purpose of activities within the child's religious education program (e.g. crafts, art projects, etc.) and promotion of the religious education program within the Pa				
Signature of parent/guardian:				
Photographs for use outside the Parish:				
From time to time, publicity releases for newspapers, television and other media may be prepared about events occurring at the Parish. These may or may not be accompanied by photos or video of students. Holy Spirit Catholic Church or a media representative may prepare the releases.				
I give permission for my child's name and likeness to be included in such publicity releases.				
Signature of parent/guardian:				
SIGNATURE OF DARENT/GUARDIAN				
SIGNATURE OF PARENT/GUARDIAN DATE				

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I, (name of parent/guardian)	, give my child
(name of child)	permission to enter the classroom,
for CCD, and leave the classroom, at CCD dismissal inste	ad, of me dropping off (signing in) and
picking up (signing out) personally for the 2018-2019 CC	D year. By signing this form I am
releasing Holy Spirit Catholic Church and/or Holy Spirit C	Catholic School from all liability should
this child become injured before class begins and after c	lass dismissal.
Child's CCD Grade	
Signature of parent or guardian	 Date

REGISTER TODAY!



2018-2019 Holy Spirit Catholic Church CCD Registration Packet

Please bring completed forms and registration fees to the

Parent Meeting

August 19th in the <u>Family Life Center</u> at 9:30 AM

If you have any questions please contact

Maribel Hernandez, Director

Mhernandez@HolySpiritChurchJax.org