



HOLY APOSTLES CATHOLIC CHURCH

2011-2012 HIGH SCHOOL MINISTRY / CONFIRMATION REGISTRATION

Please fill out family information & children registration forms completely and attach payment.

Family Last Name		Family Email	
Home Phone ()		Registered at Holy Apostles? <small>If NO please request a Registration form from FF Dept.</small>	Yes No
Father's Name		Mother's Name	
Work()	Cell()	Work()	Cell()
Home Address		Home Address	
City, ZIP		City, ZIP	

Emergency Contact & Medical Information

Non Parent Emergency Contact		Name of anyone else with custodial rights	
Home()	Work()	Home()	Work()
Health Insurance Carrier		Address	
Policy #		City, St, ZIP	
Family Physician		Custody schedule (if important to share)	
Phone			

Permission Release (Please read and sign)

- I do hereby give permission for my child(ren) to participate in Holy Apostles Faith Formation programs. I agree to hold the Diocese of Boise, Holy Apostles parish, staff and volunteers free from liability for any illness or injury that might be incurred by my child(ren) during these events. Should any injury occur, I hereby give my permission for my child(ren) to receive treatment from a physician to be selected by a Holy Apostles staff member if s/he is unable to reach me or my family physician.
- I understand that Holy Apostles parish, staff, and volunteers are not responsible for my child(ren)'s transportation to and from Holy Apostles Faith Formation events. Nor is Holy Apostles parish, staff, or volunteers responsible for my child(ren) should they leave the immediate area where the event is taking place or choose to stay after an event has taken place.
- By registering my child(ren) I understand that I am still the primary religious educator for my child(ren). I agree that I will make sure my child(ren) attends class regularly and on time. I will reinforce class lessons and keep in touch with the coordinator/core team to help all I can. I will live and practice my Catholic faith and be a good example for my child(ren) to follow.
- I give Holy Apostles permission to use any photographs of my child(ren) for advertising purposes.

Parent/Guardian Signature: _____ Date: _____

Payment & Fee Information - Payment must be included in order to process registration.

If fees are a financial hardship or financial assistance is needed, a Financial Assistance Form is available. A payment schedule can also be arranged for registered families. Please contact the Bookkeeping Department in the Main Office.

Fees: \$35 per student (9th, 11th, and 12th Grades); \$75 per student (10th Grade / Confirmation)

_____ **Total Number of Students Registered**

Payment (Enter Amount & Type of Payment): Cash \$ _____ Check(Made Out To Holy Apostles) \$ _____ Credit Card: MC/Visa/Discover

Credit Card Information	Card#	Exp Date	Amount \$
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Billing Street Address _____ City _____ State _____ Zip _____

Name on card (Please Print): _____

Signature: _____

For Office Use Only

Amount Enclosed \$	Date Received:	Initials:
Paid By: CC CASH CHECK #	Payment Schedule: Yes No	Financial Aid: Yes No
Notes:		

