



HOLY APOSTLES CATHOLIC CHURCH

2011-2012 FAITH FORMATION PreK-5th FAMILY INFORMATION

Please complete both family information & child registration forms & 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: \$45 per child or \$125 Family Rate (PreK3-5th Grades) Before August 18th: \$35 per child or \$100 Family Rate

Elementary _____ + Pre-K _____ = _____ 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 \$
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:		

Volunteers are the heart and soul of Faith Formation. It can't happen without you!

PreK-ELEMENTARY REGISTRATION for students in grades PreK3-5th

2011-2012 HOLY APOSTLES FAITH FORMATION

Faith Formation PreK-Elementary class placements are first-come, first-served and will be confirmed before classes begin.

Family Last Name	Parents First Names	Primary Phone:	Carpooling with:
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PreK/K Children	Class Preference: (Please Circle a 1 st & 2 nd Choice)		Sunday 9am: 1st 2nd		Sunday 11am: 1st 2nd		
For Office Use Only	Last Name	First Name	Gender M/F	Birth Date M/D/Y	Baptized?	Age Sept 1	Toilet Trained?

Medical Conditions, Allergies or Adaptations Helpful For Success							
Child:							
Child:							

1st/5 th Elementary Children	Class Preference: (Please Circle a 1 st & 2 nd Choice)		Mon 4:30: 1st 2nd		Tue 4:30: 1st 2nd		Tue 6:30: 1st 2nd	
For Office Use Only	Last Name	First Name	Gender M/F	Birth Date M/D/Y	Sacraments Received Bap/1 st Rec/1 st Com	School	Grade Fall 2011	

Medical Conditions, Allergies or Adaptations Helpful For Success								
Child:								
Child:								
Child:								

- Check here If your child could benefit from ACE - Adapted Catholic Education. ACE is a religious education program for persons with physical, mental and/or emotional challenges.
- Check here If you have a child in 3rd-5th grades that needs preparation for 1st Reconciliation/1st Communion,

If parents are separated, divorced or deceased; if the child lives with someone other than the parents, or if there are other special circumstances that we should be aware of, please explain: _____



Volunteers are the heart & soul of the Faith Formation Programs. Their service is essential to passing on the Catholic Faith to the youth of our parish. In working together they become part of the Faith Formation Family along with the youth and families they serve. Your time & talents are needed!

I am interested in information about being a volunteer for: PreK: Sun9am Sun11am Age: 3 4 K Elementary: Mon4:30pm Tues4:30pm Tues6:30pm Grade: 1 2 3 4 5

I am interested in helping at occasional events Yes/No Other Talents willing to share: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____