

Date _____

Amount Paid \$ _____
Check # _____ Cash _____

HOLY FAMILY CATHOLIC CHURCH – ABILENE, TEXAS
PreK – 6TH GRADE RELIGIOUS EDUCATION
REGISTRATION - September 2020 through May 2021

Father's Full Name _____
Last First Middle

Mother's Full Name _____
Last First Middle Maiden Name

Marital Status of Parents: Catholic marriage ____yes ____no; Divorced ____; Separated ____; Single ____; Widow/Widower ____

Child resides with mother ____, father ____ and/or other ____ (list names of other adults and relationship, i.e. stepparent, grandparent, legal guardian, etc:

Name _____ Relationship to child: _____

Name _____ Relationship to child: _____

Mailing address _____ City _____ Zip Code _____

Contact Phone Numbers: _____

Email: _____

SIGN UP at eva.us/hfabilene to receive messages from the parish about upcoming events, cancellations, parent meetings, etc.

Children must be four years old on/or before September 1st to register for the Pre-K class. A Baptism Certificate must be submitted for children preparing to receive First Communion.

Child's Full Name	Male/Female	Birthdate	Grade	Baptism	1st Communion	Confirmation

CLASS PREFERENCES: Classes are divided in two session times in order to maintain a desired teacher/student ratio. Sessions are filled according to the date registration forms are received. Your preference is honored to the best of our ability.

_____ First Session: Sunday, 8:45 – 10:00 a.m. _____ Second Session Sunday, 10:15 – 11:30 a.m.

SPECIAL NEEDS: Please note below if a child has a special learning or health situation.

Name of Child: _____

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EMERGENCY CONTACTS: Please note below the person (s) to contact in case it becomes necessary to call you while your child is in class or attending an event.

Name of person to contact	Contact Phone Number	Relationship to Child

THE FOLLOWING STATEMENT MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN.

In the event of a health emergency that requires immediate medical attention, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

Date _____