

Date \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_  
Check # \_\_\_\_\_ Cash \_\_\_\_\_

HOLY FAMILY CATHOLIC CHURCH – ABILENE, TEXAS  
PreK – 12<sup>TH</sup> 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](http://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 1<sup>st</sup> 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Holy Family Catholic Church – Abilene  
PreK - 6<sup>th</sup> Grade Religious Education  
Registration - September 2020 through May 2021

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 \_\_\_\_\_