

**Parish Registration**  
 Is your family registered in our Parish:  
 ( ) Yes ( ) No  
 Parish ID #: \_\_\_\_\_



**Medical Information**  
 is found on the  
 back of this form.

**2017-2018 Edge /FSP/ Middle School Registration**

**Student's Name:** \_\_\_\_\_  
 Last Name First Name Middle Name  
**Gender** M ( ) F ( ) **Age:** \_\_\_\_\_ **Birthday (mm/dd/yy):** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_  
**Student Mobile:** (\_\_\_\_) \_\_\_\_\_ **Mobile Provider :** \_\_\_\_\_ **Text Okay?** Yes No  
**Student Email:** \_\_\_\_\_  
**Name of School:** \_\_\_\_\_ **Grade Fall 2017:** \_\_\_\_\_  
**Any Allergies or Medical conditions:** \_\_\_\_\_  
 \_\_\_\_\_  
**Did student attend religion classes last year?** ( ) If yes, What Parish ? \_\_\_\_\_

**Family Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_ **Home Phone:** (\_\_\_\_) \_\_\_\_\_  
**Father / Guardian's First & Last Name:** \_\_\_\_\_  
**Mother / Guardian' First & Last Name:** \_\_\_\_\_  
**Marital Status:** ( ) Married ( ) Divorced ( ) Separated ( ) Widowed ( ) Single  
**Child Resides With:** ( ) Both Parents ( ) Father ( ) Mother ( ) Other \_\_\_\_\_  
**Father's Cell Phone:** (\_\_\_\_) \_\_\_\_\_ **Mother's Cell Phone:** (\_\_\_\_) \_\_\_\_\_  
**Father's Email:** \_\_\_\_\_ **Mother's Email:** \_\_\_\_\_  
**Father's Religion:** \_\_\_\_\_ **Mother's Religion:** \_\_\_\_\_

<p><b><u>Sacraments Celebrated</u></b>          (Please Check all that Apply)  <b>Catholic Baptism</b> ( ) YES ( ) NO  <b>Church of Baptism:</b> _____  <b>Date of Baptism:</b> _____  <b>City &amp; State of Baptism:</b> _____          ( ) Received First Eucharist ( ) Received Reconciliation          ( ) Received Confirmation  <u>(All students must have a baptismal certificate on file)</u></p>	<p>( ) EDGE Sundays 6:30 - 8:30 pm (\$85.00)          ( ) FSP1 Sundays 3:30 - 5:00 pm (\$60.00)          ( ) FSP2 Sundays 3:30 - 5:00 pm (\$85.00)          ( ) RCIA 1 Sundays 3:30 - 5:00 pm (\$60.00)          ( ) RCIA 2 Sundays 9:00 - 11:00 am (\$85.00)          (Edge Sessions - Sunday 6:30 - 8:30 pm including light dinner)          (All classes (except RCIA 2) attend 5:30 pm Mass)</p>
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**Payment Information** – The 2017-2018 Faith Formation fee offsets the cost of staff, textbooks, supplies/materials, catechist training, family gatherings, and speakers necessary to offer a high quality program and also includes a light dinner on Edge Nights.  
**No student will be denied instruction for financial reasons.**  
 Please make checks payable to **Church of the Holy Spirit.**  
 For more information or to ask questions, please contact Dan Chavarria MS/EDGE Coordinator (210) 341-1397 x8356 Email: danchavarria@holyspiritsa.org

**Office Use Only**  
 Family # \_\_\_\_\_

**Faith Formation Registration Fee**

*Partial scholarships for fees are available and arrangements can be made for families who need financial assistance. In order to be eligible you must obtain and fill out a scholarship application form from the Faith Formation office. No child will be denied instruction for financial reasons. Please call the Faith Formation office for any questions regarding payment to speak to the Director of Faith Formation.*

Please make checks payable to **Church of the Holy Spirit:**  
**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\* FOR OFFICE USE ONLY\***

<b>Total Fee</b>	<b>Total Paid</b>	<b>Amount Due</b>	<b>Cash/Check</b>	<b>Receipt</b>	<b>Date Registered</b>	<b>Session #</b>	<b>Class #</b>

**Please fill out the back of this form.**

**Parent Medical and Liability Release Statement:**

I understand that in the event medical intervention is needed every attempt will be made to contact me or the emergency contacts immediately. In the event I cannot be reached I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize or to secure medical treatment the physician has deemed necessary. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Archdiocese of San Antonio, through its accident policy, will be used as a secondary coverage. I understand all reasonable safety precautions will be taken at all times by Church of the Holy Spirit's staff and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Church of the Holy Spirit, the Archdiocese of San Antonio, its leaders, employees, or volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**In case of emergency, please notify:**

**Communication Release Statement:** Name Phone Relationship

I GRANT PERMISSION for the Faith Formation staff and Church of the Holy Spirit to electronically communicate with my minor in order to inform him/her on any upcoming EDGE activities, meetings, events, and general announcements. Communication will only take place between the hours of 8:00 am - 9:00 pm.

I give permission for my teen to be contacted/informed by email. ( ) Yes ( ) No

I give permission for my teen to be contacted/informed by cell phone. ( ) Yes ( ) No

I give permission for my teen to be contacted/informed by text message. ( ) Yes ( ) No

I give permission to be contacted/informed by cell phone/text message. ( ) Yes ( ) No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Media Release Statement:**

I understand and consent to the use of any videotape, photographs, slides, audio tapes and any other visual or audio reproduction in which my child may appear by Church of the Holy Spirit. I understand that these materials are being used for the promotion of Church of the Holy Spirit that includes volunteer recruitment, Internet, and fund raising efforts.

( ) I give permission for my child to be photographed and interviewed and permission to have my child's name used. If a photograph of a student is used on our webpage, only a student's first name will appear on the webpage.

( ) I give permission for my child to be photographed, but do not want my child's name used.

( ) I do not want my child photographed or interviewed and do not want his or her name used.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parents: Check at least two or more categories where you can partner with us!**

This helps us to know what you are interested in helping with. We will call you and discuss before assigning you to a ministry.

- |  |   |  |
|--|---|--|
| <u><b>Teaching and Office Ministries</b></u><br>___ Edge Core (Teachers Aug-May)<br>___ Environment (setting up for classes)<br>___ Office help during weekdays or nights<br>___ Office help during Sunday Edge Nights<br>___ Phone Calls to Teens, Parents or Volunteers<br>___ Bulletin Stuffing (as needed)<br>___ Fundraising (ask for more information)<br>___ Writing Cards (Birthday, Get Well, etc.) | <u><b>Chaperone and Driving Ministries</b></u><br>___ XLT - TBA<br>___ Lock-In (Jan)<br>___ Youth Spectacular (TBD)<br>___ Spring Retreat<br>___ Drivers for Concerts, etc. | <u><b>Dinner and Events Ministry</b></u><br>___ Life Teen & Edge Dinners! (Aug - May)<br>___ Matt Maher concert (TBD)<br>___ Prayer Partner<br>___ Photography or filming<br>___ Wherever I am Most Needed :<br>___ Weekdays: M T W Th<br>___ Weeknights: M T W Th<br>___ Weekends: Fri Sat Sun<br>(As needed) |
|--|---|--|

**All volunteers will be required to fill out a CBC form and attend child safety training (OVASE).**

**Other siblings registered:**

- Student's Name: \_\_\_\_\_ Session: \_\_\_\_\_ Class: \_\_\_\_\_
- Student's Name: \_\_\_\_\_ Session: \_\_\_\_\_ Class: \_\_\_\_\_
- Student's Name: \_\_\_\_\_ Session: \_\_\_\_\_ Class: \_\_\_\_\_
- Student's Name: \_\_\_\_\_ Session: \_\_\_\_\_ Class: \_\_\_\_\_
- Student's Name: \_\_\_\_\_ Session: \_\_\_\_\_ Class: \_\_\_\_\_