Parish Registration	
Is your family registered in our 1	Parish:
() Yes () No	
Parish ID #:	





Life Teen /Confirmation/ FSP/High School Registration 2017-18

Student's Full Legal Name:LAST NAME				
Gender M () F () Age: Birthday (mm/d				
Student Mobile: ()N				
Student Email:				
Name of School:		Grade for 2017-18:		
Any Allergies or Medical conditions:				
Did student attend religion classes/Catholic School in 2				
If yes, what Parish/Catholic School ?				
Family Name:				
Mailing Address:				
City, State, Zip:				
Father / Guardian's First & Last Name:				
Mother / Guardian's First & Last Name:				
Marital Status: () Married () Divorced () Sepa				
Child Resides With: () Both Parents () Father (-		
Father's Cell Phone: ()				
Father's Email:				
Father's Religion:				
Sacraments Celebrated	() LT: Confirmation I I 1st yr for high school yout	Prep - (\$125.00) th attending a public school.		
(<u>Please Check all that Apply</u>)		I Prep - (\$75.00) Catholic School		
Catholic Baptism () YES () NO	1 st yr for high school youth	h attending a Catholic school.		
Church of Baptism:	_	/LT 6:30 - 8:45 pm includes a light dinner		
Date of Baptism:	() Confirmation II Prep	p - (\$100.00) - Entire year nores who attended LT/Catholic School		
City & State of Baptism:		5 - 5:15 pm /ending with 5:30 pm Mass.		
On HS FF File: () YES () NO	() LTL: Confirmed / Lo	eadership - (N/C)		
() Received First Eucharist() Received Reconciliation	() FSP1 (\$60.00) () FSP2 (\$85.00) (Sunday 3:30 - 5:00 pm)			
() Received Confirmation	() RCIA 1 (\$60.00) (Sunday 3:30 - 5:00 pm) () RCIA 2 (\$85.00) (Sunday 9:00 - 11:00 am)			
(All students must have a baptismal certificate on file)	(All classes (except RCIA 2) attend 5:30 pm Mass)			
(2511 Students must have a Daptismal tel uncate on me)				

For more information or questions, please contact Chris Frelack, HSYM/Life Teen Coordinator at (210) 341-1397 ext. 8376 or email: chris@holyspiritsa.org

* FOR OFFICE USE ONLY*							
Total Fee	Total Paid	Amount Due	Cash/Check#	Receipt #	Date Registered	Session #	Class #
Office Use Only Family # Payment Information The Faith Formation fee offsets the cost of textbooks, supplies/materials, catechist training, family gatherings, sacramental retreats and speakers necessary to offer a high quality Faith Formation program and also includes a light dinner on Life Teen Nights.							
	te checks payab ardian Signatu		the Holy Spirit	:	D	ate	

Parent Medical and Liability Release S	Statement:		
I understand that in the event medical is contacts immediately. In the event I can activity leader to hospitalize or to secu insurance coverage for my child will be Archdiocese of San Antonio, through its safety precautions will be taken at all tim I understand the possibility of unforeseen Holy Spirit, the Archdiocese of San Anto injuries incurred by the subject of this for	not be reached I hereby give my ure medical treatment the phy used as primary coverage in the s accident policy, will be used hes by Church of the Holy Spirit n hazards and know the inherent ponio, its leaders, employees, or	permission to the physician sician has deemed necessar e event medical intervention as a secondary coverage. I 's staff and its agents during t possibility of risk. I agree	or dentist selected by the ry. I understand that my n is needed. Coverage by understand all reasonable the events and activities. not to hold Church of the
Parent/Guardian Signature		Date	
In case of emergency, please notify:	-		1
Communication Release Statement:	Name	Phone	Relationship
I GRANT PERMISSION for Faith F minor in order to inform him/her on an Communication will only take place betw	ny upcoming LIFETEEN activ	ities, meetings, events, and	
I give permission for my teen to be con	tacted/informed by email. ()	Yes () No	
I give permission for my teen to be con	tacted/informed by cell phone	. () Yes () No	
I give permission for my teen to be con	tacted/informed by text messa	.ge. () Yes () No	
I give permission to be contacted/infor	med by cell phone/text messag	e. () Yes () No	
Parent/Guardian Signature		Date	2
Media Release Statement:			
I understand and consent to the use or reproduction in which my child may app the promotion of Church of the Holy Spin	ear by Church of the Holy Spir	t. I understand that these ma	aterials are being used for
() I give permission for my child to b a photograph of a student is used on our			
() I give permission for my child to be	e photographed, but do not wa	nt my child's name used.	
() I <u>do not</u> want my child photographed	or interviewed and do not want	his or her name used.	
Parent/Guardian Signature		Date	
Parents: Please check a	t least two or more categor	ies where you can partne	er with us!
Teaching and Office Ministries Life Teen Core (Catechist Aug-May) Confirmation Catechist Environment (setting up for sessions)	<u>Chaperone and Driving M</u> <u>XLT - TBA</u> <u>Inspiration Tour (Aug. 8th)</u> Various Service Projects	Life Teen &	nd Events Ministry Edge Dinners! (Aug - May) concert (TBD)

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

Faith Formation Registration Fee

_ Fundraising (ask for more information) _ Writing Cards (Birthday, Get Well, etc.)

Prayer Partner (Year Round)

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

Other siblings registered:

Session:	Class:
Session:	Class:
Session:	Class:
Session:	Class:
	Session: Session: Session: Session: