



Medical Information is found on the back of this form.

2018-2019 Edge /FSP/ Middle School Registration

Student's Name:				
	rst Name Middle Name			
	yy): Birthplace:			
	Mobile Provider : Text Okay? Yes No			
Student Email:				
	Grade Fall 2018:			
Any Allergies or Medical conditions:				
Did student attend religion classes last year? () If yes, What Parish?				
Family Name:				
Mailing Address:				
	y, State, Zip: Home Phone: ()			
Father / Guardian's First & Last Name:				
Mother / Guardian' First & Last Name:				
Marital Status: () Married () Divorced () Separated (
Child Resides With: () Both Parents () Father () Mot	her () Other			
Father's Cell Phone: () Mother's Cell Phone: ()				
Father's Email:	Mother's Email:			
Father's Religion: Mother's Religion:				
Sacraments Celebrated	() EDGE Sundays 6:00 - 8:00 pm (\$85.00)			
(Please Check all that Apply)	() FSP1 Sundays 3:00 - 4:30 pm (\$60.00)			
Catholic Baptism () YES () NO Church of Baptism:	() FSP2 Sundays 3:00 - 4:30 pm (\$85.00)			
Date of Baptism:	() RCIA 1 Sundays 3:00 - 4:30 pm (\$60.00)			
City & State of Baptism:	() RCIA 2 Sundays 9:00 - 11:00 am (\$85.00)			
() Received First Eucharist () Received Reconciliation() Received Confirmation	(Edge Sessions - Sunday 6:00 - 8:00 pm including light dinner)			
(All students must have a baptismal certificate on file)	(All classes (except RCIA 2) attend 5:00 pm Mass)			
•				
Payment Information – The 2018-2019 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				
Faith Formati	Office Use Only Family # ion 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*				
Total Fee Total Paid Amount Due Cash/Check	Receipt Date Registered Session # Class #			

Parent Medical and Liability Releas	e Statement:		
emergency contacts immediately. In the dentist selected by the activity leader necessary. I understand that my insumedical intervention is needed. Cover as a secondary coverage. I understand Holy Spirit's staff and its agents during and know the inherent possibility of	al intervention is needed every attempted event I cannot be reached I hereby go to hospitalize or to secure medical rance coverage for my child will be usage by Archdiocese of San Antonio, the all reasonable safety precautions will go the events and activities. I understand risk. I agree not to hold Church of the blunteer staff liable for damages, losses	treatment the physical sed as primary corough its accident be taken at all timed the possibility of a Holy Spirit, the	n to the physician or ysician has deemed overage in the event policy, will be used les by Church of the f unforeseen hazards Archdiocese of San
Parent/Guardian Signature		Date	
In case of emergency, please notify:		Batt	
in case of emergency, please notify.			
Communication Release Statement:	Nama	Phone	Dalationshin
I GRANT PERMISSION for the communicate with my minor in order	Faith Formation staff and Church to inform him/her on any upcoming E on will only take place between the hou	of the Holy Spir	neetings, events, and
I give permission for my teen to be c	ontacted/informed by email. () Yes	() No	
I give permission for my teen to be c	ontacted/informed by cell phone. ()	Yes () No	
I give permission for my teen to be c	ontacted/informed by text message. () Yes () No	
I give permission to be contacted/inf	formed by cell phone/text message. () Yes () No	
Parent/Guardian Signature		Date	
Media Release Statement:			
	any videotape, photographs, slides, aud	lio tapes and any	other visual or audio
reproduction in which my child may	appear by Church of the Holy Spirit. ch of the Holy Spirit that includes vol	I understand that	these materials are
	to be photographed and interviewed ent is used on our webpage, only a st		
() I give permission for my child to	be photographed, but do not want m	ny child's name us	sed.
() I do not want my child photograph	ned or interviewed and do not want his	or her name used.	
Parent/Guardian Signature		Date	
	ast two or more categories where you rested in helping with. We will call you and dis		
Teaching and Office Ministries	Chaperone and Driving Ministries	Dinner and	Events Ministry
Edge Core (Teachers Aug-May)	XLT - TBA		ge Dinners! (Aug - May)
Environment (setting up for classes) Office help during weekdays or nights	Lock-In (Jan) Youth Spectacular (TBD)	Matt Maher cond Prayer Partner	cert (TBD)
Office help during Sunday Edge Nights			
Phone Calls to Teens, Parents or Volunteers			_
Bulletin Stuffing (as needed)		Weekdays: M	
Fundraising (ask for more information) Writing Cards (Birthday, Get Well, etc.)		Weeknights: Meekends: Fr	
writing Cards (Birtilday, Get Well, etc.)			(As needed)
			(
All volunteers will be requir	ed to fill out a CBC form and	attend child	safety training
	Protecting God's Children		survey or warrang
	8		
Other siblings registered:		Constan	Clare.
Students's Name:		Session:	Class:
Students's Name:		_ Session:	
Students's Name:		_	Class:
Students's Name:		Session:	Class:
Students's Name:		Section:	Class: