

HOLY SPIRIT

CATHOLIC CHURCH



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

Medical Information
is found on the
back of this packet

FAMILY INFORMATION

Family Name: _____
Mailing Address: _____
City, State, Zip: _____ Home Phone: (____) _____
Father / Guardian's First & Last Name: _____
Mother / Guardian's First & Last Name: _____
Marital Status: () Married () Divorced () Separated () Widowed () Single
Father's Cell Phone: (____) _____ Mother's Cell Phone: (____) _____
Father's Email: _____ Mother's Email: _____
Father's Religion: _____ Mother's Religion: _____

PARENT INFORMATION: SAME AS ABOVE () YES () NO

1 Child/Teen

Student's Full Legal Name: _____
LAST NAME FIRST NAME MIDDLE NAME
Father's Name: _____ Mother's Name: _____
Father's Phone: (____) _____ Mother's Phone: (____) _____
Child Resides With: () Both Parents () Father () Mother () Other _____
Gender M () F () Age: _____ Birthday (mm/dd/yy): _____ Birthplace: _____
Student Mobile: (____) _____ Mobile Provider : _____ Text Okay? () Yes () No
Student Email: _____
Name of School: _____ Grade for 2019-20: _____
Sacraments Celebrated *(Please Check all that Apply for this Child/Teen)*
Catholic Baptism () YES () NO (All students must have a baptismal certificate on file)
Church of Baptism: _____ Date of Baptism: _____
City & State of Baptism: _____
In HS Faith Formation Files: () YES () NO Received First Eucharist () YES () NO
Received Reconciliation () YES () NO Received Confirmation () YES () NO
Any Allergies or Medical conditions: _____
Did this student attend religion classes/Catholic School in 2018-19? () Yes () No
If yes, what Parish/Catholic School ? _____

Session: _____

Grade: _____

Preparation: _____

Date Entered: _____

Initials: _____

Please continue to fill out this packet for additional child/teen you would like to register.

PARENT INFORMATION: SAME AS ABOVE () YES () NO

2 Child/Teen

Student's Full Legal Name: _____
LAST NAME FIRST NAME MIDDLE NAME

Father's Name: _____ Mother's Name: _____

Father's Phone: (_____) _____ Mother's Phone: (_____) _____

Child Resides With: () Both Parents () Father () Mother () Other _____

Gender M () F () Age: _____ Birthday (mm/dd/yy): _____ Birthplace: _____

Student Mobile: (_____) _____ Mobile Provider : _____ Text Okay? () Yes () No

Student Email: _____

Name of School: _____ Grade for 2019-20: _____

Sacraments Celebrated *(Please Check all that Apply for this Child/Teen)*

Catholic Baptism () YES () NO (All students must have a baptismal certificate on file)

Church of Baptism: _____ Date of Baptism: _____

City & State of Baptism: _____

In HS Faith Formation Files: () YES () NO Received First Eucharist () YES () NO

Received Reconciliation () YES () NO Received Confirmation () YES () NO

Any Allergies or Medical conditions: _____

Did this student attend religion classes/Catholic School in 2018-19? () Yes () No

If yes, what Parish/Catholic School? _____

Session: _____

Grade: _____

Preparation: _____

Date Entered: _____

Initials: _____

PARENT INFORMATION: SAME AS ABOVE () YES () NO

3 Child/Teen

Student's Full Legal Name: _____
LAST NAME FIRST NAME MIDDLE NAME

Father's Name: _____ Mother's Name: _____

Father's Phone: (_____) _____ Mother's Phone: (_____) _____

Child Resides With: () Both Parents () Father () Mother () Other _____

Gender M () F () Age: _____ Birthday (mm/dd/yy): _____ Birthplace: _____

Student Mobile: (_____) _____ Mobile Provider : _____ Text Okay? () Yes () No

Student Email: _____

Name of School: _____ Grade for 2019-20: _____

Sacraments Celebrated *(Please Check all that Apply for this Child/Teen)*

Catholic Baptism () YES () NO (All students must have a baptismal certificate on file)

Church of Baptism: _____ Date of Baptism: _____

City & State of Baptism: _____

In HS Faith Formation Files: () YES () NO Received First Eucharist () YES () NO

Received Reconciliation () YES () NO Received Confirmation () YES () NO

Any Allergies or Medical conditions: _____

Did this student attend religion classes/Catholic School in 2018-19? () Yes () No

If yes, what Parish/Catholic School? _____

Session: _____

Grade: _____

Preparation: _____

Date Entered: _____

Initials: _____

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 Faith Formation staff Church of the Holy Spirit to electronically communicate with my minor in order to inform him/her on any upcoming Edge/LIFETEEN/Confirmation 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

I give permission to be contacted/informed by Remind using my () e-mail () cell phone provided in family information section.

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 children to be photographed and interviewed and permission to have my children’s names 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 children to be photographed, but do not want my children’s name used.

() I **do not** want my children photographed or interviewed and do not want their names used.

Parent/Guardian Signature _____ Date _____

Parents: Please check at least two or more categories where you can partner with us!

Teaching and Office Ministries

- ___ Catechist/Assistant/Helper
- ___ Environment (setting up for sessions)
- ___ Set up environment for retreats
- ___ FF Office help during weekdays
- ___ Phone Calls to Teens, Parents or Volunteers
- ___ Writing Cards (Birthday, Get Well, etc.)
- ___ Prayer Partner (Year Round)

Chaperone, Companion & Driving Ministries

- ___ XLT - TBA
- ___ Inspiration Tour – Nov. 16
- ___ Various Service Projects/Opportunities
- ___ Youth Spectacular - March 21
- ___ LA RE Congress (attend/drive)
- ___ Companion on the Journey for Adults

Celebrations and Events Ministry

- ___ Life Teen & Edge Dinners! (Sept. - May)
- ___ Music concert (TBD)
- ___ Photography or filming
- ___ Help with taking attendance
- ___ Wherever I am Most Needed
- ___ Assist with Advent Celebrations
- ___ Fundraising/Special Events

PARENT INFORMATION: SAME AS ABOVE () YES () NO

4 Child/Teen

Student's Full Legal Name: _____
LAST NAME FIRST NAME MIDDLE NAME

Father's Name: _____ Mother's Name: _____

Father's Phone: (_____) _____ Mother's Phone: (_____) _____

Child Resides With: () Both Parents () Father () Mother () Other _____

Gender M () F () Age: _____ Birthday (mm/dd/yy): _____ Birthplace: _____

Student Mobile: (_____) _____ Mobile Provider : _____ Text Okay? () Yes () No

Student Email: _____

Name of School: _____ Grade for 2019-20: _____

Sacraments Celebrated *(Please Check all that Apply for this Child/Teen)*

Catholic Baptism () YES () NO (All students must have a baptismal certificate on file)

Church of Baptism: _____ Date of Baptism: _____

City & State of Baptism: _____

In HS Faith Formation Files: () YES () NO Received First Eucharist () YES () NO

Received Reconciliation () YES () NO Received Confirmation () YES () NO

Any Allergies or Medical conditions: _____

Did this student attend religion classes/Catholic School in 2018-19? () Yes () No

If yes, what Parish/Catholic School ? _____

Session: _____

Grade: _____

Preparation: _____

Date Entered: _____

Initials: _____

PARENT INFORMATION: SAME AS ABOVE () YES () NO

5 Child/Teen

Student's Full Legal Name: _____
LAST NAME FIRST NAME MIDDLE NAME

Father's Name: _____ Mother's Name: _____

Father's Phone: (_____) _____ Mother's Phone: (_____) _____

Child Resides With: () Both Parents () Father () Mother () Other _____

Gender M () F () Age: _____ Birthday (mm/dd/yy): _____ Birthplace: _____

Student Mobile: (_____) _____ Mobile Provider : _____ Text Okay? () Yes () No

Student Email: _____

Name of School: _____ Grade for 2019-20: _____

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Any Allergies or Medical conditions: _____

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