





Office Use Only Family #

Life Teen /Confirmation/ FSP/High School Registration 2018-19

Student's Full Legal Name: LAST NAME	FIRST NAME MIDDLE NAME				
Gender M()F() Age: Birthday (mm/do	ay (mm/dd/yy): Birthplace:				
	Mobile Provider: Text Okay? () Yes () No				
Student Email:					
	Grade for 2018-19:				
Did student attend religion classes/Catholic School in 2	2017-18? () Yes () No				
If yes, what Parish/Catholic School?					
Family Name:					
	Mailing Address: Home Phone: ()				
Marital Status: () Married () Divorced () Separ					
_ · · · · · · · · · · · · · · · · · · ·) Mother () Other				
	Mother's Cell Phone: ()				
	Mother's Email:				
	Mother's Religion:				
Sacraments Celebrated	() LT: Confirmation I Prep - (\$100.00)				
(Please Check all that Apply)	1st yr for all high school youth attending a catholic /public school.				
Catholic Baptism () YES () NO	Starting with 5:00 pm Mass /LT 6:00 - 8:15 pm includes a light dinne				
Church of Baptism:	() Confirmation II Prep - (\$100.00) - Entire year				
Date of Baptism:	For all high school sophomores who attended LT/Catholic School (Attend confirmation class 3:15 - 4:45 pm/ending with 5:00 pm Mass.)				
City & State of Baptism:	() LTL: Confirmed / Leadership - (N/C)				
On HS FF File: () YES () NO () Received First Eucharist	() FSP1 (\$60.00) () FSP2 (\$85.00) (Sunday 3:00 - 4:30 pm)				
() Received Reconciliation	() RCIA 1 (\$60.00) (Sunday 3:00 - 4:30 pm)				
() Received Confirmation	() 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 5:00 pm Mass)				
For more information or questions, please contact Chris Frelack, HSYM	M/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	k# Receipt # Date Registered Session # Class #				
Payment Information					
	oplies/materials, catechist training, family gatherings, sacramental				
	th Formation program and also includes a light dinner on Life Teen				
Please make checks payable to Church of the Holy S	pirit:				
Parent/Guardian Signature	•				
Parish Registration					
Is your family registered in our Parish: () YES (Parish ID#:) NO				

I understand that in the event medical in			
contacts immediately. In the event I cannot activity leader to hospitalize or to secur insurance coverage for my child will be a Archdiocese of San Antonio, through its safety precautions will be taken at all time I understand the possibility of unforeseen Holy Spirit, the Archdiocese of San Antoninjuries incurred by the subject of this form	of the reached I hereby give my permissive medical treatment the physician hased as primary coverage in the event accident policy, will be used as a second by Church of the Holy Spirit's staff hazards and know the inherent possibnio, its leaders, employees, or voluntees	sion to the physician of the same deemed necessary medical intervention condary coverage. I use and its agents during the same ility of risk. I agree not same the same in the same is a same the same and its agents during the same in the same in the same are same as a same and the same are same as a same are same are same as a same are same are same as a same are same	or dentist selected by the v. I understand that my is needed. Coverage by nderstand all reasonable the events and activities. ot to hold Church of the
Parent/Guardian Signature		Date	
In case of emergency, please notify:			
Communication Release Statement:	Name	Phone	Relationship
I GRANT PERMISSION for Faith Forming in order to inform him/her on any Communication will only take place between	y upcoming LIFETEEN activities, m		
I give permission for my teen to be conta	acted/informed by email. () Yes () No	
I give permission for my teen to be conta	acted/informed by cell phone. () ${f Y}$	es () No	
I give permission for my teen to be conta	acted/informed by text message. ()	Yes () No	
I give permission to be contacted/inform	ned by cell phone/text message. () !	Yes () No	
Parent/Guardian Signature		Date	
Media Release Statement:			
I understand and consent to the use of reproduction in which my child may appeathe promotion of Church of the Holy Spiri	ar by Church of the Holy Spirit. I und	erstand that these mai	terials are being used for
() I give permission for my child to be a photograph of a student is used on our w			
() 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 of	or interviewed and do not want his or h	ner name used.	
Parent/Guardian Signature		Date	
Parents: Please check at	least two or more categories whe	ere you can partne	· with us!
		-	
Teaching and Office Ministries	Chaperone and Driving Ministrie XLT - TBA		<u>d Events Ministry</u> Edge Dinners! (Aug - May)
Life Leen Core (Catechist Aug-May)	Inspiration Tour (Aug. 8th)	Music concer	
Life Teen Core (Catechist Aug-May) Confirmation Catechist	F (8)	D1 . 1	
Confirmation Catechist Environment (setting up for sessions)	Various Service Projects	Photography	_
Confirmation Catechist Environment (setting up for sessions) FF Office help during weekdays		Help after Sun	Masses with sign-ins
Confirmation Catechist Environment (setting up for sessions)	Various Service Projects	Help after Sun	_
Confirmation Catechist Environment (setting up for sessions) FF Office help during weekdays Phone Calls to Teens, Parents or Volunteers Fundraising (ask for more information) Writing Cards (Birthday, Get Well, etc.)	Various Service Projects	Help after Sun	Masses with sign-ins
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