
HOLY SPIRIT FAITH FORMATION STATIONS REGISTRATION 2018-2019

For Children in Grades Kindergarten through 6th

Father's/Guardian's Name

First

Last

Cell Phone Number _____

Mother's/Guardian's Name

First

Last

Cell Phone Number _____

Child's/Children's Home Address

Street Address

City/State/Zip Code

***Family Email Address**

***Email is our main form of communication. Please check it often.**

Over



Please complete all information for all categories below.

Child's Name: _____

Date of Birth: _____

Faith Formation Grade: _____

School: _____

School Grade: _____

Check

_____ **Age Appropriate Form D Completed** (Please note: registration cannot be processed without this form completed)

_____ **Form A Completed** (Please note: registration cannot be processed without this form completed)

_____ **Minor's Safe Environment Training Form** (Please note: registration cannot be processed without this form completed)

Child's Name: _____

Date of Birth: _____

Faith Formation Grade: _____

School: _____

School Grade: _____

Check

_____ **Age Appropriate Form D Completed** (Please note: registration cannot be processed without this form completed)

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_____ **Minor's Safe Environment Training Form** (Please note: registration cannot be processed without this form completed)

\$25.00 Per Child

Please make checks payable to Holy Spirit

Scholarships are available.

Please contact Cheryl Powell at 270-842-7777, x102.

Total Number of Children: _____

X \$25.00 per child

Total Amount Due: _____

For Office Use Only

Amount Paid: _____

Check/Cash/Online: _____

Date Paid: _____

Received by: _____