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# HOLY SPIRIT FAITH FORMATION STATIONS REGISTRATION 2019-2020

**For Children in Grades Kindergarten through 6th**  
**Registration closes on August 18th.**

**Father's/Guardian's Name**

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First

Last

**Cell Phone Number** \_\_\_\_\_

**Mother's/Guardian's Name**

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First

Last

**Cell Phone Number** \_\_\_\_\_

**Child's/Children's Home Address**

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Street Address

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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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**Date of Birth:** \_\_\_\_\_

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**School:** \_\_\_\_\_

**School Grade:** \_\_\_\_\_

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**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)

**\$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: \_\_\_\_\_