

# Holy Spirit Catholic Church

## Religious Ed. Registration

6705 Jim Ramsey Rd., Vancleave, MS 39565

**Term:** \_\_\_\_\_

### FAMILY INFORMATION

**Family Last Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Cell / Work: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Cell / Work: \_\_\_\_\_

Mother's Maiden: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

City, ST Postal: \_\_\_\_\_

Both Parents Catholic? Yes / No

### STUDENT #1 INFORMATION

**Child Name:** \_\_\_\_\_

**Catholic?** Yes / No

Gender:  Male  Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_

Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_

Reconciliation Prep: \_\_\_\_\_

Class: \_\_\_\_\_

Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_

### STUDENT #2 INFORMATION

**Child Name:** \_\_\_\_\_

**Catholic?** Yes / No

Gender:  Male  Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_

Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_

Reconciliation Prep: \_\_\_\_\_

Class: \_\_\_\_\_

Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

**Tuition DUE:** \$ \_\_\_\_\_ **Tuition PAID:** \$ \_\_\_\_\_ **Signature:** \_\_\_\_\_

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## Religious Ed. Registration

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**Term:** \_\_\_\_\_

### Additional Students

#### STUDENT #3 INFORMATION

**Child Name:** \_\_\_\_\_

**Catholic?** Yes / No

Gender:  Male  Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_

Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_

Reconciliation Prep: \_\_\_\_\_

Class: \_\_\_\_\_

Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_

#### STUDENT #4 INFORMATION

**Child Name:** \_\_\_\_\_

**Catholic?** Yes / No

Gender:  Male  Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_

Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_

Reconciliation Prep: \_\_\_\_\_

Class: \_\_\_\_\_

Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_

#### STUDENT #5 INFORMATION

**Child Name:** \_\_\_\_\_

**Catholic?** Yes / No

Gender:  Male  Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_

Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_

Reconciliation Prep: \_\_\_\_\_

Class: \_\_\_\_\_

Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

**Tuition DUE:** \$ \_\_\_\_\_ **Tuition PAID:** \$ \_\_\_\_\_ **Signature:** \_\_\_\_\_