Holy Spirit Catholic Church

Religious Ed. Registration

6705 Jim Ramsey Rd., Vancleave, MS 39565

Term:

iy East Maine.		Date:	
Home Address:		Emergency Phone:	
DENT #1 INFORI	MATION		
Child Name:		Catholic?	Yes / No
Gender:	☐Male ☐Female	Sacrament Details	Check & Date All Below
D1 .1 D .		Baptism:	
Birth Date: _			
Grade: _		Eucharist:	
Grade: _ Session: _ Class: _		Eucharist: Reconciliation Prep: Confirmation:	
Grade: _ Session: _ Class: _	Medical, Learning Disabilities,	Eucharist: Reconciliation Prep: Confirmation:	
Grade: _ Session: _ Class: _ Special Needs (Medical, Learning Disabilities,	Eucharist:Reconciliation Prep:Confirmation: Physical Disabilities, etc):	
Grade: _ Session: _ Class: _ Special Needs (DENT #2 INFORI	Medical, Learning Disabilities,	Eucharist:Reconciliation Prep:Confirmation: Physical Disabilities, etc):	Yes / No
Grade: _ Session: _ Class: _ Special Needs (DENT #2 INFORI Child Name: _ Gender:	Medical, Learning Disabilities,	Eucharist:Reconciliation Prep:Confirmation: Physical Disabilities, etc): Catholic? Sacrament Details	Yes / No
Grade: _ Session: _ Class: _ Special Needs (DENT #2 INFORI Child Name: _ Gender: Birth Date: _	Medical, Learning Disabilities, MATION □Male □Female	Eucharist:Reconciliation Prep:Confirmation: Physical Disabilities, etc): Catholic? Sacrament DetailsBaptism:	Yes / No
Grade: _ Session: _ Class: _ Special Needs (DENT #2 INFORI Child Name: _ Gender: Birth Date: _ Grade: _	Medical, Learning Disabilities, MATION ☐ Male ☐ Female	□ Eucharist: □ Reconciliation Prep: □ Confirmation: Physical Disabilities, etc): Catholic? Sacrament Details □ Baptism: □ Eucharist:	Yes / No Check & Date All Below
Grade: _ Session: _ Class: _ Special Needs (DENT #2 INFORI Child Name: _ Gender: Birth Date: _ Grade: _ Session: _	Medical, Learning Disabilities, MATION ☐ Male ☐ Female	□ Eucharist: □ Reconciliation Prep: □ Confirmation: Physical Disabilities, etc): Catholic? Sacrament Details □ Baptism: □ Eucharist: □ Reconciliation Prep:	Yes / No Check & Date All Below

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

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baptismal record, you will need to supply a copy for our files.

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Term:

Additional Students

Child Name:		Catholic?	Yes / No
Gender:	Male Female	Sacrament Details	Check & Date All Below
Birth Date:		Baptism:	
Session:		Reconciliation Prep:	
Special Needs (Me	edical, Learning Disabilities,	Physical Disabilities, etc):	
ENT #4 INFORMA	ATION		
Child Name:	(4) 2 4 2 0 0 1 2 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4	Catholic?	Yes / No
Gender:	Male Female	Sacrament Details	Check & Date All Below
Birth Date:		Baptism:	
Session:		Reconciliation Prep:	
Session:		☐ Reconciliation Prep: ☐ Confirmation:	
Session:		☐ Reconciliation Prep: ☐ Confirmation:	
Session: Class: Special Needs (Me	edical, Learning Disabilities,	☐ Reconciliation Prep: ☐ Confirmation:	
Session: Class: Special Needs (Me	edical, Learning Disabilities,	Reconciliation Prep: Confirmation: Physical Disabilities, etc):	
Session: Class: Special Needs (Me ENT #5 INFORMA Child Name:	edical, Learning Disabilities,	Reconciliation Prep: Confirmation: Physical Disabilities, etc): Catholic?	
Session: Class: Special Needs (Me ENT #5 INFORMA Child Name: Gender:	edical, Learning Disabilities, TION Male Female	Reconciliation Prep: Confirmation: Physical Disabilities, etc): Catholic? Sacrament Details	Yes / No Check & Date All Below
Session: Class: Special Needs (Me ENT #5 INFORMA Child Name: Gender: Birth Date:	edical, Learning Disabilities, TION Male Female	Reconciliation Prep: Confirmation: Physical Disabilities, etc): Catholic? Sacrament Details Baptism:	Yes / No Check & Date All Below
Session: Class: Special Needs (Me ENT #5 INFORMA Child Name: Gender: Birth Date: Grade:	edical, Learning Disabilities, TION Male Female	Reconciliation Prep: Confirmation: Physical Disabilities, etc): Catholic? Sacrament Details Baptism: Eucharist:	Yes / No Check & Date All Below
Session: Class: Special Needs (Me ENT #5 INFORMA Child Name: Gender: Birth Date: Grade: Session:	edical, Learning Disabilities, TION Male Female		Yes / No Check & Date All Below

Tuition DUE: \$_____ Tuition PAID: \$_____ Signature: ____