

HOLY ROSARY FAMILY FAITH FORMATION PROGRAM REGISTRATION 2023-2024 GRADES 2-6

D	L/Consult Al				
Parent	t/Guardian Name	es: 			
Addre	ss:				
		Street	Town 2	Zip	
Phone	e: () -	E-Mail:			
	Food \$75 for	one shild \$125 for	two or more children.		
W			d for weekly volunteer catechist		
	he baptism did not occur	r at Holy Rosary Paris nal certificate with this	h, please provide a copy of registration form.	each ch	ild's
	he baptism did not occur			each ch	
	he baptism did not occur baptisn	nal certificate with this	registration form.		
*If th	he baptism did not occur baptisn	nal certificate with this	registration form.		
*If th	he baptism did not occur baptism Name of Child	nal certificate with this	registration form. Grade	<u>Sch</u>	<u>ool</u>
*If th	he baptism did not occur baptism Name of Child Date and	nal certificate with this	registration form. Grade Did the Child Receive	<u>Sch</u> YES	ool NO
*If th	ne baptism did not occur baptism Name of Child Date and Place of Baptism:	nal certificate with this Age	Pregistration form. Grade Did the Child Receive Holy Communion:	Sch YES	ool NO
* <i>If th</i>	Name of Child Date and Place of Baptism: Name of Child Date and	nal certificate with this Age	Pregistration form. Grade Did the Child Receive Holy Communion:	Sch YES	ool NO
*If th	Name of Child Date and Place of Baptism: Name of Child	nal certificate with this Age	Pregistration form. Grade Did the Child Receive Holy Communion: Grade	YES	NO OOI
*If th	Name of Child Date and Place of Baptism: Name of Child Date and	nal certificate with this Age	Pregistration form. Grade Did the Child Receive Holy Communion: Grade Did the Child Receive	YES Sch YES	NO OOI
*If th	Name of Child Date and Place of Baptism: Name of Child Date and Place of Baptism:	Age Age	Pregistration form. Grade Did the Child Receive Holy Communion: Grade Did the Child Receive Holy Communion:	YES Sch YES	NO OOI
* <i>If th</i>	Name of Child Date and Place of Baptism: Name of Child Date and Place of Baptism:	Age Age	Pregistration form. Grade Did the Child Receive Holy Communion: Grade Did the Child Receive Holy Communion:	YES Sch YES	NO OOI

Method of Payment: Cash_____ Check # ____ Amount Paid \$ _____