



HOLY FAMILY PARISH – ARCADIA

Religious Education Registration Form

Child(ren)'s Full Last Name(s): _____

Father/Guardian Name: _____

Street Address: _____

Email Address: _____ Phone: _____

May class cancellation notice be sent via text message to this phone? (circle: Yes No)

Mother/Guardian Name: _____

Street Address (if different from above): _____

Email Address: _____ Phone: _____

May class cancellation notice be sent via text message to this phone? (circle: Yes No)

CLASS FEES: \$50 per student

Student Name(s)	Grade this academic year	Class Fee
		\$50
		\$50
		\$50
		\$50
		\$50

TOTAL FEES: \$ _____

Please make checks payable to: Holy Family Parish

Financial assistance is available. Please see Fr. Sebastian or Fr. Kyle for details.

Would either parent be interested in teaching or helping with classes this year? Please indicate with initial F (father) and/or M (mother):

_____ Willing to teach a grade – which grade? _____

_____ Willing to be a substitute teacher

_____ Willing to help in another way – e.g., hall monitor, assist with projects or monthly CCD mass

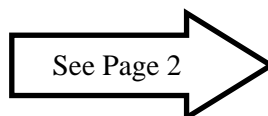
Specify: _____

Please return this form with payment to:

Holy Family Parish Office

223 Maple Street, Arcadia, WI 54612

608-323-7116



Office Use Only	
Amt Rcvd: _____	
Check	Cash Received by: _____
Chk # _____	Date: _____

Holy Family Parish CCD Registration Form Page 2

I give my permission for my child(ren) to attend/participate in field trips and programs sponsored by Holy Family Parish and/or Sacred Heart Parish and/or the Diocese of La Crosse.

Signature of Parent/Guardian: _____ **Date:** _____

I give permission to use my child(ren)'s photos for commercial purposes (ex: bulletins, website, etc.)

Signature of Parent/Guardian: _____ **Date:** _____

Please provide any additional information that would be helpful to assist in your child's religious education, such as physical or cognitive disability, learning disability, allergies, etc. The Diocese of La Crosse has a consultant available for students with special needs. Please contact the parish DRE if you wish to receive additional information about this service.

Student's Name

Student Information:

1. _____

2. _____

3. _____

In case of an emergency wherein we are unable to contact a parent, please list another contact person and phone number that we may call.

Name: _____ **Phone:** _____

"Train up a child in the way he should go; even when he is old he will not depart from it." (Proverbs 22:6)