



# 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: \_\_\_\_\_

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

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

**CLASS FEES: \$50 per student plus an additional \$25 for First Communion Students (2<sup>nd</sup> Grade)**  
(covers cost of First Communion retreat and other materials)

Student Name(s)	Current Grade in School	Class Fee

**TOTAL FEES: \$ \_\_\_\_\_**

Please make checks payable to: Holy Family Parish  
Financial assistance is available. Please see Fr. Sebastian 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):

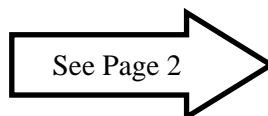
\_\_\_\_\_ Willing to teach a grade

\_\_\_\_\_ 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		
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. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

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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)*