

# Holy Family Religious Education Registration

14500 NE 11th Avenue, North Miami, Florida 33161

20\_\_\_\_ - 20\_\_\_\_

Date of Registration: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Male ( ) Female ( )

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

NAME OF THE CHURCH YOU ATTEND: \_\_\_\_\_

Child lives with: Both Parents ( ) Mother only ( ) Father only ( ) Other ( )

Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

	1st Year	2nd Year
Grade Level:	( ) <b>Pre-Communion</b>	( ) <b>Communion</b>
	( ) <b>Pre-Confirmation</b>	( ) <b>Confirmation</b>

Sacraments Already Received: \$\$\$ CASH ONLY

Baptism ( )	*Registration Fee: \$ _____	Envelope # _____
Reconciliation ( )	Amount Paid \$ _____	Date: _____ Receipt #: _____
First Communion ( )	Balance \$ _____	_____