

Date Received: \_\_\_\_\_

One Form Per Child

**Church of the Holy Family**  
**2018-2019 K-5 Christian Formation Registration Form**  
Sunday **9:30am-10:45am**

**PRINT LEDGIBLY (Complete all fields)**

\*Father's name: \_\_\_\_\_ Religion: \_\_\_\_\_  
\*Mother's name: \_\_\_\_\_ Religion: \_\_\_\_\_  
\*Do both parents' reside in the home? yes / no If NO, child resides with: \_\_\_\_\_  
\*Address: (street/zip code) \_\_\_\_\_  
\*Email Address (print clearly): \_\_\_\_\_  
\*Home #: \_\_\_\_\_ \*required fields  
\*Mother's Cell: \_\_\_\_\_  
\*Father's Cell: \_\_\_\_\_

**CHRISTIAN FORMATION FEE: \$35.00 per child** *AFTER September 3 fee increases to \$50.00 per child* (For Checks- Church of the Holy Family-write CF in memo line)

CHILD'S FULL NAME:	DOB:	GRADE:	Special Needs	Place of Baptism: Church/City/Year	Name of School Currently Attending:
			Y/N		

**Please check below if your child is receiving the Sacraments of Reconciliation/Eucharist \$25.00 additional fee applies for Sacrament books.**

\_\_\_\_\_ My child requests the Sacraments of **First Reconciliation & First Eucharist** this year (Grade 2 and older)\* **MUST PROVIDE A COPY OF BAPTISMAL CERTIFICATE** (Return w/registration)

**1st Communion Celebration (for grades 2 -3 ONLY): Please select your Mass preference:**

\_\_\_\_\_ 5:30pm on May 4 \_\_\_\_\_ 8:15am on May 5 \_\_\_\_\_ 11:00am on May 5

\*Children receiving Sacraments of Reconciliation & Eucharist are encouraged to have completed one year of religious education prior to their Sacrament year OR parents and students must meet with Tiffany. Students and their parents **must attend Mass regularly** and parents must also attend **sacrament meetings as well as be active participants** in their child's religious education.

\_\_\_\_\_ My child has not received the Sacrament of **Baptism**\* Please contact Tiffany Watson in the parish office for details regarding RCIA for Children.

**Parents' Pledge:**

- I acknowledge that I am the **primary catechist** of my child's faith development.
- I will **actively participate within the life of the Church** (attend Sunday Mass weekly, attend Holy Days of obligation, pray and encourage my family to pray, learn more about my Catholic faith through **lifelong** formation). I will stress the importance of attending Mass a priority over other scheduled activities.
- **I will attend Family Catechesis events and all required parent meetings.**

(Signature agreeing to Parents' Pledge) \_\_\_\_\_ Date \_\_\_\_\_

Office Use ONLY: \_\_\_\_\_ payment received \_\_\_\_\_ registered in parish (OVER)

## Holy Family K-5 CF Release Form 18-19

Parish: Church of the Holy Family Phone: 757-481-5702  
Address: 1279 North Great Neck Road City: Virginia Beach Zip: 23454  
Type of Event: see information for each event to be given out separately  
Destination: see information for each event to be given out separately  
Individual in Charge: Tiffany Watson/Adult Volunteer Catechists  
Transportation: see information sheets for each event to be given out separately  
Dates of Trip: see information sheets for each event to be given out separately

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**Child's Name** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_ **Gender** \_\_\_\_\_  
**Parent(s)/Guardian's Names** \_\_\_\_\_  
**Street Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
**Emergency Contact Name (other than parents)** \_\_\_\_\_  
**Contact Number** \_\_\_\_\_ **Relationship to Child** \_\_\_\_\_

**Does your child have any allergies?**  Yes  No

**Details:**

**Is your child taking any medication?**  Yes  No

**Details:**

**Is there any other physical or emotional condition of which we need to be aware?**  Yes  No

**Please explain:**

*As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Catholic Diocese of Richmond, the Church of the Holy Family, their employees and agents, chaperons, or representatives associated with the event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese and/or Church of the Holy Family, their employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese and/or Church of the Holy Family.*

*I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold the Diocese of Richmond and/or the Church of the Holy Family responsible for authorizing any medical treatment beyond necessary transportation to the hospital.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*I give permission for pictures and/or video of my child (named above) engaged in activities related to the Church of the Holy Family to have their pictures posted in publications or websites. Names of participants will not be used without expressed permission from the parent or guardian. If no box is checked below, the Church of the Holy Family assumes you give permission.*

**Yes**  **No**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_