

Parish registration # _____

2009-2010 YEAR

Date Received _____ Time _____

**HOLY SPIRIT PARISH AT GEIST
RELIGIOUS FORMATION REGISTRATION * Pre-K – 6th Grade
10350 Glaser Way Fishers, IN 46037
317-849-8016**

Family Name _____ Father/Step-father _____ Mother/Step-mother _____

Address _____ City _____ Zip _____

Phone: Home (____) _____ Father Work (____) _____ Mother Work (____) _____

Father Cell # (____) _____ Mother Cell # (____) _____

Emergency Contact: _____ Phone _____ Religion: Father _____ Mother _____

E-Mail address _____

SESSION PREFERENCE : (PLEASE LIST CHOICES, #1, #2, #3)

WOULD YOU PREFER ALL YOUR CHILDREN BE ASSIGNED THE SAME SESSION TIMES EVEN IF THAT MEANS IT IS NOT YOUR FIRST CHOICE ? YES _____ NO _____

GRADES PRE-K AND KINDERGARTEN:

- Sunday morning (8:00 - 9:00) _____ Alternate weeks
- Sunday morning (9:30 - 10:30) _____ Alternate weeks
- Sunday morning (11:00 - 12:00) _____ Alternate weeks

(***Please note*** Pre-K age 4 by AUGUST 1st----Kindergarten age 5 by AUGUST 1st)

GRADES 1-6:

- Sunday morning (8:00 - 9:00) _____ Weekly
- Sunday morning (9:30 - 10:30) _____ Weekly
- Sunday morning (11:00 - 12:00) _____ Weekly
- Monday evening (6:00 - 7:30) _____ Alternate weeks
- Tuesday evening (6:00 - 7:30) _____ Alternate weeks

Registration for Grades 7-12 --contact Youth Ministry Office.....sdrake@hspgeist.org or call 585-1264

PARENT INTEREST

PRE-K THRU 6TH: Catechist/Teach _____ Grade _____ Session _____

SUBSTITUTE _____ (Please circle when you can sub) Sun. 8:00, 9:30, 11:00 -- Mon. -- Tues

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FEE SCHEDULE: \$45.00 per child / \$100.00 maximum per family (CATECHIST - \$20 per child / \$50 max per family)

****Payment must be made to hold a spot for your child****

******FOR OFFICE USE******

Check# _____ Date received _____ Amount Paid _____ Paid in Full _____

(continued on back)

RELIGIOUS FORMATION REGISTRATION 2009-10 (CONTINUED)

Student's Full Name _____ Male _____ Female _____

Date of Birth _____ Grade in School (**Fall '09**) _____ School _____

Sacraments Received: (**Circle and Date**) Baptism Date _____ Church & City of Baptism _____

Reconciliation Date _____ Eucharist Date _____

Please **note any health or learning problems** that would be helpful to the catechist:

Student's Full Name _____ Male _____ Female _____

Date of Birth _____ Grade in School (**Fall '09**) _____ School _____

Sacraments Received: (**Circle and Date**) Baptism Date _____ Church & City of Baptism _____

Reconciliation Date _____ Eucharist Date _____

Please **note any health or learning problems** that would be helpful to the catechist:

Student's Full Name _____ Male _____ Female _____

Date of Birth _____ Grade in School (**Fall '09**) _____ School _____

Sacraments Received: (**Circle and Date**) Baptism Date _____ Church & City of Baptism _____

Reconciliation Date _____ Eucharist Date _____

Please **note any health or learning problems** that would be helpful to the catechist:

Heritage Program – Grades 3-6

Please list your child's name if they are in grade 3,4,5 or 6 and have not yet received the sacraments of **Baptism, Reconciliation** and/or **First Eucharist**. We will offer a sacrament preparation course for them beginning in January.

Name _____ Sacraments Needed _____ Grade in fall '09' _____