

Parish registration # _____

2017-2018 RELIGIOUS FORMATION REGISTRATION *PRE-K - 6TH GRADE*

Holy Spirit Parish at Geist
10350 Glaser Way Fishers, IN 46037
317-849-8016 (www.hspgeist.org)

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

Address _____ City/State _____ Zip _____

Father Cell () _____ Father Work () _____ Father E-mail _____

Mother Cell () _____ Mother Work () _____ Mother E-mail _____

Home Phone () _____ Religion: Father _____ Mother _____

Emergency Contact _____ Relationship _____ Phone () _____

SESSION PREFERENCE

PLEASE LIST 1ST, 2ND AND 3RD CHOICE!!

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

Pre-K age 4 by SEPT. 1, 2017

Kindergarten age 5 by SEPT. 1, 2017

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

A LETTER OF CONFIRMATION WILL BE MAILED TO YOU IN LATE AUGUST. Classes begin- September 17, 2017

For grades 7 through 12, please contact Youth Ministry Office at 317-585-1264 or ymsec@hspgeist.org

PARENT VOLUNTEERS

WOULD YOU LIKE TO TEACH?

Name _____ Grade _____ Session _____ E-mail _____

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

PAYMENT

\$45.00 per child / \$100.00 max per family* CATECHIST DISCOUNT - \$20 per child / \$50 max per family*

*** The above fees include children enrolled in EDGE**

Payment must be made to hold a spot for your child

(Office Use) **Check#** _____ **Date received** _____ **Amount Paid** _____

(Student information on back)

RELIGIOUS FORMATION REGISTRATION 2017-18 (CONTINUED)

Student's Full Name _____ Male _____ Female _____

Date of Birth _____ Grade (Fall '17) _____ School _____

Sacraments Received: Baptism Date _____ Church & City _____

Reconciliation Date _____ Eucharist Date _____ Church & City _____

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

Student's Full Name _____ Male _____ Female _____

Date of Birth _____ Grade (Fall '17) _____ School _____

Sacraments Received: Baptism Date _____ Church & City _____

Reconciliation Date _____ Eucharist Date _____ Church & City _____

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

Student's Full Name _____ Male _____ Female _____

Date of Birth _____ Grade (Fall '17) _____ School _____

Sacraments Received: Baptism Date _____ Church & City _____

Reconciliation Date _____ Eucharist Date _____ Church & City _____

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 one of or any of the sacraments of **Baptism, Reconciliation** and/or **First Eucharist**. We will offer a sacrament preparation course for them beginning in January 2018.

Name _____ Sacraments Needed _____ Grade (Fall '17) _____