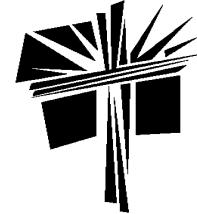




Holy Angels Religious Education & Youth Ministry

GRADES K - 12



FAMILY NAME _____ DATE _____

ADDRESS _____ ZIP _____

HOME PHONE _____ CELL PHONE(S) _____

PARENTS' E-MAIL ADDRESS(ES) _____

CHILDREN'S E-MAIL ADDRESS(ES) _____

FATHER'S NAME _____ ADDRESS (If Different) _____

OCCUPATION _____ PHONE _____

MOTHER'S NAME _____ ADDRESS (If Different) _____

OCCUPATION _____ PHONE _____

RELIGION - FATHER _____ MOTHER _____

If Applicable:

STEPFATHER'S NAME _____ STEPMOTHER'S NAME _____

YOUTH'S NAME	BIRTH DATE	GRADE	SCHOOL	BAPTIZED Yes / No	1ST COM Yes / No	CONFIRM Yes / No

ARE YOU A REGISTERED MEMBER OF HOLY ANGELS? YES _____ NO _____

DOES YOUR SON/DAUGHTER TAKE ANY MEDICATION? (Please List)

FEE: \$25.00 PER STUDENT
 MAXIMUM: \$100.00 PER FAMILY IN ALL RELIGIOUS EDUCATION PROGRAMS

AMOUNT PAID: _____ CASH / CHECK