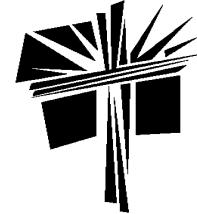




# Holy Angels Religious Education & Youth Ministry

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