

Holy Angels School of Religion Enrollment Form

(please return by September 1st, 2016)

*PARENTS/GUARDIANS: _____

*MEMBERS OF HOLY ANGELS PARISH: (PLEASE CIRCLE) YES NO

*FATHER'S RELIGION: _____ MOTHER'S RELIGION: _____

*ADDRESS: _____ *CITY: _____ *STATE: _____ *ZIP CODE: _____

*HOME PHONE: _____ *CELL PHONE(S): _____

*EMAIL(S): _____

*EMERGENCY CONTACT: _____ *PHONE: _____ *RELATIONSHIP: _____

*IN CASE OF WEATHER RELATED CLOSINGS, I PREFER TO BE NOTIFIED BY:

(PLEASE CHECK ONE) PHONE: _____ TEXT: _____ EMAIL: _____

AT THE FOLLOWING NUMBER/EMAIL ADDRESS: _____

*I GIVE PERMISSION FOR HOLY ANGELS PARISH TO USE PHOTOGRAPHS OF MY CHILD/CHILDREN ON THE PARISH WEBSITE OR IN PROMOTION OF HOLY ANGELS SCHOOL OF RELIGION

YES NO (CIRCLE ONE) SIGNATURE: _____ DATE: _____

STUDENT BAPTISMAL NAME: _____ NICKNAME: _____

DATE OF BIRTH: _____ GRADE: _____ (PLEASE CIRCLE) MALE FEMALE

BAPTISM- YES/NO 1ST RECONCILIATION- YES/NO EUCHARIST- YES/NO CONFIRMATION- YES/NO

CHURCH OF BAPTISM: _____ CITY: _____ STATE: _____

ALLERGIES: _____ LEARNING NEEDS: _____

NOTES- PLEASE LIST ANY INFORMATION THAT CAN HELP US BETTER SERVE YOUR CHILD, SUCH AS PHYSICAL/BEHAVIORAL/EMOTIONAL ISSUES AS WELL AS ANY FAMILY OR CUSTODY ISSUES. PLEASE USE BACK, IF MORE SPACE IS NEEDED _____

(MORE STUDENT SPACES ON BACK OF FORM)

FEES:

1 STUDENT- \$75.00

2 OR MORE STUDENTS- \$100.00

AFTER SEPTEMBER 1ST

1 STUDENT- \$85.00

2 OR MORE STUDENTS- \$110.00

IF, FOR ANY REASON, YOU ARE UNABLE TO PAY THE REGISTRATION FEE, PLEASE CONTACT CATHY KERN AT 913.481.5447 OR EMAIL AT cathy.kern@gmail.com

Thank you for enrolling your child/children in Holy Angels School of Religion. We are glad to have this opportunity to spend time with your child/children and to share our Catholic Faith. Please return this enrollment sheet with any updates to Cathy Kern or drop by the church office during business hours by September 1st, 2016

STUDENT BAPTISMAL NAME: _____ **NICKNAME:** _____
DATE OF BIRTH: _____ **GRADE:** _____ (PLEASE CIRCLE) **MALE** **FEMALE**
BAPTISM- YES/NO 1ST **RECONCILIATION- YES/NO** **EUCARIST- YES/NO** **CONFIRMATION- YES/NO**
CHURCH OF BAPTISM: _____ **CITY:** _____ **STATE:** _____
ALLERGIES: _____ **LEARNING NEEDS:** _____
NOTES- PLEASE LIST ANY INFORMATION THAT CAN HELP US BETTER SERVE YOUR CHILD, SUCH AS
PHYSICAL/BEHAVIORAL/EMOTIONAL ISSUES AS WELL AS ANY FAMILY OR CUSTODY ISSUES. PLEASE USE BOTTOM OF
PAGE, IF MORE SPACE IS
NEEDED: _____

STUDENT BAPTISMAL NAME: _____ **NICKNAME:** _____
DATE OF BIRTH: _____ **GRADE:** _____ (PLEASE CIRCLE) **MALE** **FEMALE**
BAPTISM- YES/NO 1ST **RECONCILIATION- YES/NO** **EUCARIST- YES/NO** **CONFIRMATION- YES/NO**
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STUDENT BAPTISMAL NAME: _____ **NICKNAME:** _____
DATE OF BIRTH: _____ **GRADE:** _____ (PLEASE CIRCLE) **MALE** **FEMALE**
BAPTISM- YES/NO 1ST **RECONCILIATION- YES/NO** **EUCARIST- YES/NO** **CONFIRMATION- YES/NO**
CHURCH OF BAPTISM: _____ **CITY:** _____ **STATE:** _____
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NEEDED: _____

NOTES (CONT.): _____

