

Holy Innocents Parish

Faith Formation Family Registration 2018-2019

Please complete both sides of Registration Form

(Family/ Household Last Name)

(Parent/Guardian name) _____
(Parent/Guardian Name)

Best phone # _____
If this is a cell phone can we text you? Yes No
If this is a cell phone # whose number is it?

Best Email to reach you?

Programs

Littlest Disciples - Children ages, 3,4 & Kindergarten
(meets most Sunday mornings during the masses Oct-May)

F.U.T.U.R.E.— Families United Together Undertaking Religious Education. **Religious Education geared toward 1st-8th grade children.** (Meets most Sunday Mornings 9:15-10:15am Oct-May)

Youth Movement— Teens 6th-12th grade. Middle School and High School students come together for prayer and a meal and then are broken out into small groups based on age. (Meets twice a month on Sunday evenings 6-8pm)

Littlest Disciples Registration:

CHILD'S NAME (Please list last name if different from parents)	M/F	Age (as of registration)	Birth date MM/DD/YR	8:00 Mass Session	10:30 Mass Session	Baptized Yes or No

F.U.T.U.R.E Families Registration:

CHILD'S NAME (Please list last name if different from parents)	M/F	Birth date MM/DD/YR	Grade	School Attending	Baptized Yes or No	First Eucharist Yes, No or Enrolled

Youth Movement Registration:

Teens Name (Please list last name if different from parents)	M/F	Birth date MM/DD/YR	Grade	School	Baptized Yes or No	First Eucharist Yes or No	***Cell Phone # & email address
							Cell# _____ Email: _____
							Cell # _____ Email: _____

*** The Youth Group uses group texts to send meeting reminders and other notices. Do you grant permission for the church to text your teen/s with this kind of information? (please circle your response) YES NO –please do not text my child.

FOR OFFICE USE ONLY FEE PAID: AMOUNT: CHECK # DATE: SCHOLARSHIP

Information about my child/children that we should know:

My Child has the following health problems, allergies (especially food) or special needs *(please indicate which child)* _____

Any special needs, parent concerns or comments regarding our Faith Formation Program ?
(Please indicate which child)

PARENT PERMISSION AND RELEASE FORM

I/We, the parent(s), give our permission for our child/ren to attend Holy Innocents Faith Formation Programs and sponsored activities. We fully recognize that such undertaking involves an element of risk and assume and accept these risks and hazards which are incidental to such participation. We hereby hold harmless and release any and all rights of claim against the Corporation of the Catholic Archbishop of Seattle, Holy Innocents Catholic Church, it's employees, and all members of the Faith Formation Staff (paid or volunteer), for any damage or injury our son or daughter may incur while participating in any of the Faith Formation classes or sponsored events from September 2016 thru May 2017.

_____ Date

_____ Parent(s) or Guardian Signature

Fee Schedule: 1 Child....\$50 **2** Children....\$85 **3** or more Children....\$ 120
Checks should be made out to: Holy Innocents Parish
Credit Card Payments can be made by going to www.holyinn.org and setting up an on-line giving account.

We understand that families have a lot of expenses during the fall as school begins so we are happy to accept your payment in installments, if this makes it easier for your family. Children's Faith Formation and Youth Movement is available to all parish households.

NO FAMILY WILL BE TURNED AWAY DUE TO THE TUITION FEE.

Please feel free to contact Debby Weidner in the office,
425-788-1400 or email me at Debby@Holyinn.org.

**ARE YOU REGISTERED IN THE PARISH? WE ASK THAT IF YOU ARE NOT, THAT YOU DO SO AT THIS TIME.
THANK YOU!**