

Lakeshore Catholic Communities

Faith Formation/Youth Ministry

2018—2019

Registration*

Grades K-12

**Family must be registered at Holy Family or Sacred Heart to participate*

Registering for: Holy Family Church Sacred Heart Church

Child's Name: _____ Grade: _____ Birth Date: _____

Address: _____ Home Phone: (____) _____

Best Parent Contact E-mail address: _____

Special needs for your child: _____

Sacraments Received

Baptismal Date: _____ Parish _____

Eucharist Date: _____ Parish _____

Confirmation Date: _____ Parish _____

Father's Full Name _____ Cell Phone:(____) _____

Mother's Full Name _____ Cell Phone:(____) _____

Child living with: Mother Father Both Other: _____

Address: (If different from child) _____

Parent/Guardian signature: _____

I am willing to be a:

- | | |
|---|---|
| <input type="checkbox"/> Catechist (teacher/substitute) | <input type="checkbox"/> Driver |
| <input type="checkbox"/> Snack/Lunch Coordinator | <input type="checkbox"/> Phone Tree Coordinator |
| <input type="checkbox"/> Snack/Lunch Helper (set up/clean up) | <input type="checkbox"/> Volunteer |

I have a special gift I wish to share: _____

To be filled out by office staff

Registration Fee (K-5 only) \$20.00 Paid
 Cash Check # _____