



Holy Angels Catholic Church

Religious Education & Youth Ministry



Fees: \$25 per student / \$100 maximum per family
No fee for ACS Students or Active Altar Servers

Date: _____

Is your family registered at Holy Angels: Yes _____ No _____

MOTHER'S INFORMATION

First Name: _____ Last Name: _____

Address: _____ Zip: _____

Phone: Home: _____ Cell: _____ Work: _____

Email Address: _____

Occupation: _____ Religion: _____

If applicable, Stepfather's Name: _____

FATHER'S INFORMATION

First Name: _____ Last Name: _____

Address: _____ Zip: _____

Phone: Home: _____ Cell: _____ Work: _____

Email Address: _____

Occupation: _____ Religion: _____

If applicable, Stepmother's Name: _____

IF A CHILD DOES NOT LIVE WITH A PARENT

First Name: _____ Last Name: _____

Do you have legal custody? Yes _____ No _____ Relationship to child: _____

Address: _____ Zip: _____

Phone: Home: _____ Cell: _____ Work: _____

Email Address: _____

Occupation: _____ Religion: _____

Spouse's Name: _____

REGISTERED CHILDREN

First Name: _____ Last Name: _____
Birthdate: _____ Grade: _____ School: _____
Cell Phone: _____ Email: _____
Sacraments Received (check if yes): Baptism _____ First Communion _____ Confirmation _____
Illnesses or Medications Taken: _____

First Name: _____ Last Name: _____
Birthdate: _____ Grade: _____ School: _____
Cell Phone: _____ Email: _____
Sacraments Received (check if yes): Baptism _____ First Communion _____ Confirmation _____
Illnesses or Medications Taken: _____

First Name: _____ Last Name: _____
Birthdate: _____ Grade: _____ School: _____
Cell Phone: _____ Email: _____
Sacraments Received (check if yes): Baptism _____ First Communion _____ Confirmation _____
Illnesses or Medications Taken: _____

First Name: _____ Last Name: _____
Birthdate: _____ Grade: _____ School: _____
Cell Phone: _____ Email: _____
Sacraments Received (check if yes): Baptism _____ First Communion _____ Confirmation _____
Illnesses or Medications Taken: _____

First Name: _____ Last Name: _____
Birthdate: _____ Grade: _____ School: _____
Cell Phone: _____ Email: _____
Sacraments Received (check if yes): Baptism _____ First Communion _____ Confirmation _____
Illnesses or Medications Taken: _____