

Holy Spirit Catholic Parish

Pre-K through 5th Grade Registration

Elementary Faith Formation and Sacramental Preparation

201 44th St S, Great Falls, MT 59405

Year: 2017-2018

FAMILY INFORMATION

Family Last Name: _____ **Date:** _____

Father's Name: _____ Father's Cell: _____

Mother's Name: _____ Mother's Cell: _____

Mother's Maiden: _____ Email Address: _____

Home Phone: _____ **Emergency Contact:** _____

Home Address: _____ Emergency Phone: _____

City, ST, Postal: _____

Both Parents Catholic? Yes No
Registered @ Holy Spirit? Yes No

Registration Information

- Please note the day you are registering for **Sunday or Wednesday** Formation Classes
 - Sunday 9:45 am – 10:45 am
 - Wednesday 6:30 pm – 7:30 pm
- Reconciliation, Confirmation, and Eucharist are prepared in 2nd grade **Sacramental Preparation**
 - Requires participation in either Parish Formation classes (above) or Catholic School
 - More information will be forthcoming when this area is marked
 - Please mark YES if your child:
 - Is in 2nd grade
 - Is older than 2nd grade and needs either **both or Confirmation Only**



STUDENT #1 INFORMATION

Child Name: _____ **Catholic?** Yes / No

Gender: Male Female **Sacrament Details** check if received & note the location

Birth Date: _____ Baptism: _____

Grade: _____ Confirmation: _____

School: _____ Eucharist: _____

Registering for: Sunday 9:45 am-10:45 am Wednesday 6:30 pm -7:30 pm

Sacramental Preparation: Yes Confirmation Only (child has received Reconciliation and Eucharist)

Special Needs - we want to help your child learn in the best way he/she can. Please note anything that can help us to help you and your child as well as allergies, medical, learning different abilities, physical different abilities, etc:

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Questions? Please contact:

Cindy Eultgen – Coordinator of Elementary Faith Formation
452-6491 ext. 208
cindy@holyspiritgf.org

Aubrey Rearden – Director of Formation/Youth Minister
(406)868-6713 or (406)452-6491
aubrey@holyspiritgf.org

STUDENT #2 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: Male Female

Sacrament Details check if received & note the location

Birth Date: _____

Baptism: _____

Grade: _____

Confirmation: _____

School: _____

Eucharist: _____

Registering for: Sunday 9:45 am-10:45 am Wednesday 6:30 pm -7:30 pm

Sacramental Preparation: Yes Confirmation Only (child has received Reconciliation and Eucharist)

Special Needs - we want to help your child learn in the best way he/she can. Please note anything that can help us to help you and your child as well as allergies, medical, learning different abilities, physical different abilities, etc:

STUDENT #3 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: Male Female

Sacrament Details check if received & note the location

Birth Date: _____

Baptism: _____

Grade: _____

Confirmation: _____

School: _____

Eucharist: _____

Registering for: Sunday 9:45 am-10:45 am Wednesday 6:30 pm -7:30 pm

Sacramental Preparation: Yes Confirmation Only (child has received Reconciliation and Eucharist)

Special Needs - we want to help your child learn in the best way he/she can. Please note anything that can help us to help you and your child as well as allergies, medical, learning different abilities, physical different abilities, etc:

Permissions

HOLY SPIRIT PARISH Photo, Video, Website Permission:

Parent/Guardian: I do hereby give & grant Holy Spirit Catholic Parish permission to use my child's/children's name, photographic image, and/or video in parish & diocesan publications, advertisements, news articles, publicity, Facebook page, Instagram page, and/or parish website.

Signature: _____

Date: _____

HOLY SPIRIT PARISH Safe & Sacred Presentation Permission:

Currently we are using *Learning about L.I.F.E.* by Kathie Amidei and Sr. Kieran Sawyer, SSND to guide our children toward awareness with relationships, character, sexuality, chastity, and abuse. Parents will be given age-appropriate materials to take home that correlate with the classroom lesson. It is meant to help foster conversation within our communities and families. Dates will be provided for these lessons. Please mark and sign if you give your permission.

Parent/Guardian:

_____ I do hereby give permission for the child/children above to participate in the Safe and Sacred presentation.

_____ I do not give permission for my child/children above to participate in the Safe and Sacred presentation.