

Holy Spirit Parish

FINDING GOD – 2019-2020 REGISTRATION FORM

Grades 1 – 5 Mondays 6:30 – 7:30 PM

1st Child's Name: _____ **Date of Birth:** ____/____/____

Grade: (circle the grade level) 1st 2nd 3rd 4th 5th 6th

Gender: Male Female

Please list any special needs/allergies/medical needs the leaders should be aware of:

2nd Child's Name: _____ **Date of Birth:** ____/____/____

Grade: (circle the grade level) 1st 2nd 3rd 4th 5th 6th

Gender: Male Female

Please list any special needs/allergies/medical needs the leaders should be aware of:

3rd Child's Name: _____ **Date of Birth:** ____/____/____

Grade: (circle the grade level) 1st 2nd 3rd 4th 5th 6th

Gender: Male Female

Please list any special needs/allergies/medical needs the leaders should be aware of:

Are you registered in Holy Spirit Parish Yes___ No___ Other_____

Do we have permission to take photos/video of your family for parish-related projects or to post in the church or on the website? Yes___ No___

How will you be paying the \$25 fee per child? Please contact Celena about our family rate

Cash___ Cheque___ - Cheques can be written out to "Holy Spirit Parish" with "Youth Programs – Finding God 2019" written in the memo.

Please include payment with completed registration form.

Are parents or older siblings interested in volunteering with the FINDING GOD this year? Yes___ No___

MEDICAL RELEASE

Parent's Name: _____ **Home Phone #:** _____

Cell Phone #: _____ **e-mail Address:** _____

Emergency Contact Person: _____ **Phone #** _____

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the adults in charge of **HOLY SPIRIT YOUTH PROGRAMS** to secure the services of a licensed physician to provide the care necessary for my child's well-being.

Signed: _____ Date: _____

(Parent or Guardian)