

K-5 CHRISTIAN FORMATION

REGISTRATION 2020 – 2021

Today's Date: _____



Is your family registered at Holy Spirit? ☐ Yes ☐ No. Parish? _____

Family Name: _____ Primary Email: _____

Which Christian Formation format will your child attend?

☐ Zoom (half-hour, weekly) ☐ In-person (one hour, monthly) ☐ homeschool (materials provided)

CHILD INFORMATION

Child's Full

Name: _____
First Name Middle Name Last Name Nickname

Home Address: _____

City/State/Zip: _____

Date of Birth (MM/DD/YY): _____ Age: _____ Gender: M / F

Grade Level: _____ School Attending: _____
In Fall 2020

List any allergies, health concerns or special needs that would give our catechists the appropriate support to teach your child:

PARENT/GUARDIAN INFORMATION

Name: _____ Relation: ☐ Mother ☐ Father ☐ Other _____
First Name Last Name

Email: _____ Phone: _____

Name: _____ Relation: ☐ Mother ☐ Father ☐ Other _____
First Name Last Name

Email: _____ Phone: _____

Are you interested in helping as a: ☐ Teacher ☐ Assistant Teacher ☐ Substitute ☐ No

CHILD'S SACRAMENTS

Has your child received any of the following sacraments?

☐ Baptism ☐ First Eucharist ☐ None

Are you interested in preparing your child for the following sacraments?

☐ Not at this time ☐ Baptism ☐ First Eucharist

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EMERGENCY CONTACT (OTHER THAN PRIMARY PARENT/GAURDIAN)

****Please fill out the following if your child will be attending Christian Formation in-person. Please skip if not applicable.****

Name: _____ **Relation to child:** _____
First Name Last Name

Best Contact Phone Number: _____

RELEASE OF LIABILITY

As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Holy Spirit Catholic Church, and the Catholic Diocese of Richmond, its employees and agents, chaperons, or representatives associated with Holy Spirit Christian Formation from any claim arising from or in connection with my child attending Holy Spirit youth events or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Holy Spirit, the Diocese, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese. I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. I will not hold Holy Spirit Catholic Church, and/or the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Signature: _____ **Date:** _____

PHOTO RELEASE

I give permission for pictures and/or video of my child (named above) engaged in activities related to the Parish or Diocesan events to be posted in Holy Spirit Catholic Church publication, websites or other social media.

Signature: _____ **Date:** _____

REGISTRATION FEE

1 child: \$50
\$100

2 children: \$75

3 or more children:

ONLINE PAYMENT: <https://tinyurl.com/holy-spirit-pay-registration>

CASH/CHECKS can be mailed or brought to Holy Spirit Parish:
1396 Lynnhaven Pkwy, Virginia Beach, VA 23453

(Please make checks payable to "Holy Spirit Catholic Church" and write "Christian Formation" in the memo)

*** FOR OFFICE USE ONLY ***

Date paid: _____ **Amount paid:** _____ ☐ Cash ☐ Check # _____