

HOLY ROSARY FAMILY FAITH FORMATION PROGRAM REGISTRATION 2024-2025 GRADES 2-6

Date:				
Parent/Guardian Nam	es:			
Address:				
	Street	Town	Zip	
Phone: () -	E-Mail:		<u> </u>	
Fees: \$75 for one child, \$12	5 for two or more	hildron (f		
,				<i>*</i>
Note: If anyone has difficulty pa	aying tuition due to fina	ancial constraints, please let	us knov	w and w
will be happy to work wi	th vou. All fees are waive	ed for weekly volunteer catechist	t's familie	es.
		h, please provide a copy of		
	-	1 1	cach chi	iia s
vapusi	nal certificate with this	registration form.		
Name of Child	<u>Age</u>	<u>Grade</u>	<u>School</u>	
1.)				
±•)				
Date and		Did the Child Receive	YES	NO
Place of Baptism:		Holy Communion:		
		<u> </u>		
Name of Child	<u>Age</u>	<u>Grade</u>	<u>Sch</u>	<u>iool</u>
2.)				
2.)				
Date and		Did the Child Receive	YES	NO
Place of Baptism:		Holy Communion:		П
<u>Name of Child</u>	<u>Age</u>	<u>Grade</u>	<u>Sch</u>	<u>iool</u>
3.)				
J.,				
Date and		Did the Child Receive	YES	NO
			ILS	INO
Place of Baptism:		Holy Communion:		
*If you also have children in gra	ides 7-12 who will be j	part of the faith formation p	rogram,	, please
nclude the information here.				
For Office Use Only:				
Date Paid:	_			
Method of Payment: Cash_	Check #	Amount Paid ^{\$}		