

**REGISTRATION FOR FAITH FORMATION CLASSES**  
**HOLY GHOST CHURCH**

(All information on this form is confidential)

*Placement in summer classes is given to those who, except for unforeseen illness, will be participating completely in the 10 day program. Youth who plan to attend for less than the full 10 day program because of conflicts with camps, vacations, etc. are asked to register in our monthly family program.*

**Please check the program(s) you are registering for 2008-2009:**

- 2-week summer program which includes family sessions during the year.**
- Family Program – Meets once a month on Saturday after 5:00 p.m. liturgy.**
- Grades 7 & 8 - Meets on Wednesday evenings from 7:00 - 8:30 p.m.**
- Pre-School (must be 3 yrs old by 7/1/08)**

**Please print when filling this form out:**

Family Name \_\_\_\_\_ Telephone (day) \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_ (evening ) \_\_\_\_\_  
Father's Name \_\_\_\_\_ Mother's first and Maiden name \_\_\_\_\_  
Religion \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_  
**(MUST BE A REGISTERED PARISHIONER OF HOLY GHOST)**

**Emergency person to contact during the program**  
Name \_\_\_\_\_ Phone \_\_\_\_\_

**Is there anyone to whom the child(ren) cannot be released?** \_\_\_\_\_

Child(ren)'s First & Last Name:	Date of Birth	Grade 2007-08	Baptized
1) _____	_____	_____	Y/N
2) _____	_____	_____	Y/N
3) _____	_____	_____	Y/N
4) _____	_____	_____	Y/N

**FEES:**

For registered and participating families of Holy Ghost:

1 child....\$40    2 children....\$70    3 or more children....\$90

**Method of payment: (Please make checks payable to Holy Ghost)**

Check enclosed check # \_\_\_\_\_     Cash enclosed  
 Partial payment enclosed amount \_\_\_\_\_     Unable to pay

**PLEASE RETURN THE FORMS BY SUN. MAY 11<sup>TH</sup> Holy Ghost Church**  
**250 Coldwater Road**  
**Rochester, NY 14624**