

**Holy Name Cathedral
Children's Faith Formation Program
Registration Form
2019-2020**

Student Information

Child's Name: First: _____ Last: _____

Sacraments Received:

- Baptism _____
Reconciliation (*Confession*) _____
Holy Communion _____
 Confirmation

Date of Birth: _____

Grade Entering: _____

School: _____

Sex: _____ M _____ F

Ethnic Background: _____

Medical Information:

Medical allergies/significant medical history _____

Child's Name: First: _____ Last: _____

Sacraments Received:

- Baptism
 Reconciliation (*Confession*)
 Holy Communion
 Confirmation

Date of Birth: _____

Grade Entering: _____

School: _____

Sex: _____ M _____ F

Ethnic Background: _____

Medical Information:

Medical allergies/significant medical history: _____

Child's Name: First: _____ Last: _____

Sacraments Received:

- Baptism
 Reconciliation (*Confession*)
 Holy Communion
 Confirmation

Date of Birth: _____

Grade Entering: _____

School: _____

Sex: _____ M _____ F

Ethnic Background: _____

Medical Information:

Medical allergies/significant medical history _____

Family Information

Fathers Name First _____ Last _____

Mother's Name: First: _____ Last: _____

Maiden: _____

Legal Guardian: First: _____ Last: _____

Mailing Address

Name: _____

Street: _____ City _____ State: _____ Zip: _____

Preferred Phone Contact: (1) _____ Cell phone 2) _____

Email Address #1 _____

#2 _____

#3 _____

Registered Parishioner(s) Holy Name Cathedral Yes _____ No _____

Emergency Information in case Parent/Guardian not available.

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Hospital Name: _____ Phone: _____

Medical Release

In the event that the undersigned, or my (our) authorized physician, cannot be reached and in the judgment of Thomas L Aspell, Director of Children's Faith Formation or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my (our) child, I (we) hereby request and authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

Release for the 2019-2020 Holy Name Cathedral Children's Faith Formation Program

Parent/Guardian signature

Date

Registration Structure

\$150 One Child (Registered Parishioner)

\$200 Family *more than one child* (Registered Parishioner)

\$200 One Child (Non-registered family)

\$250 Family *more than one child* (Non-registered family)

\$100 Sacrament Fee for children celebrating First Reconciliation and First Holy Communion.

\$ 50 Sacrament Fee for children celebrating Confirmation.

Please complete and return the registration form, along with a copy of your child's certificate of baptism if he/she has not been baptized at HNC, or if you have not previously submitted one to the Children Faith Formation Office. Child cannot begin classes until certificate copies are submitted, also a copy of First Eucharist Certificate. Include a check or money order **made payable to Holy Name Cathedral** and bring the registration form, along with the required registration fee(s), to the rectory (730 N. Wabash) or mail to:

If mailing:

Holy Name Cathedral
Children's Faith Formation Program
Attn: Thomas L. Aspell
730 N. Wabash
Chicago, IL 60611

Scholarships

No child and/or family will be excluded from the Children's Faith Formation Program due to lack of funds. Request should be addressed to the Director Mr. Thomas L. Aspell. **However, a completed registration form, including medical and emergency information, must be on file in the Children's Faith Formation for your child to be properly enrolled in the Program.**

If you are in need of a scholarship, please contact the Children's Faith Formation Office.

Questions or concerns: Please call the Children's Faith Formation Office at (312) 573-4478 and leave a message indicating the best time to reach you.