

Church of the Holy Family
2026-2027 Faith Formation Registration Form

Last Name: _____ First Name: _____

School Grade for the **2025-2026** School Year: _____ Religious Education Grade: _____

Reflection Form/Stay Connected Activities due at time of registration. Attached: Yes: _____ No: _____

Family Email: _____ Family Phone #: _____

Please **Circle** Class Choice:

Sunday: 8:45am – 9:45am; Monday: 5pm-6:15pm; Thursday: 8am – 9:15am; Family Faith-Home School Class

Summer Session # 1: July 13th - July 17th

Summer Session #2: July 27th – July 31st

Summer Session 8:00am-2:30pm; Friday 8:00-12:00; **Mandatory attendance required; no early dismissal.**

Sacrament Only – Name of Catholic School Student Attends: _____

Fathers Name (First) _____ (Last) _____ Cell # _____

Mothers Name (First) _____ (Last) _____ Cell # _____

Address: _____ Town: _____ Zip: _____

Emergency Contact: **(Other than above)** _____ Cell Number: _____

Relationship to Child: _____

Are there medical or learning considerations that the office should be aware of to better catechize your child?

Please be as specific as possible: _____

Office Use Only

Tuition Rates: 1 Child - \$160.00 2 Children - \$260.00 3 Children - \$350.00 *(plus \$35 for each additional child)*

Out of Parish fee: Additional \$50 per child

Catechist Discount: 1 Child - \$30.00 2 Children - \$150.00 3 Children - \$250.00

Sacrament Fees: Confirmation \$85 per child due at time of registration. **(2 year program – payable in 7th grade)**

First Holy Communion \$60 per child. **Sacrament fees due at time of registration.**

Date: _____ Payment Received by: _____

Cash Payment: _____ Amount Received: \$ _____ Check (1) #: _____ Amount Received: \$ _____

Check (2) #: _____ Amount Received: \$ _____ Total Tuition Received: \$ _____

Credit Card Payments - **Additional 3.5% processing fee charged.**

Amount to be Charged: \$ _____ **(+ 3.5% processing fee)** CC Number: _____

Expiration Date: _____ CVC Number: _____ Name as it appears on CC: _____

E-mail: _____ Cell #: _____

Address: _____ Town: _____ State: _____ Zip: _____

Today's Date: _____

Medical Release: I (we) the undersigned parents of _____, a minor, do hereby authorize adult volunteers of Church of the Holy Family as agents of the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release any liability to Church of the Holy Family, any of its ministries or leaders in the event of an accident in route, during, or returning to aforementioned event.

Parent/Guardian Signature: _____ Print Name: _____

Parent/Guardian Signature: _____ Print Name: _____

Safe Environment Program: Teaching Safety – Empowering God’s Children Program

Church of the Holy Family Religious Education will present a sexual abuse prevention program, the *Teaching Safety, Empowering God’s Children* program **will be presented to all students on the 1st day of summer classes.**

(There is NO option to opt-out during summer classes due to time constraints.) You may opt out during the Fall- to Spring Sessions. This program is provided to us by the Diocese of Camden. “Teaching Safety” is part of our ongoing effort to help create and support a safe environment to protect all children from sexual abuse.

Fall to Spring Session: Parent Signature: _____ opt OUT

Photo Wavier:

I **DO / DO NOT (circle one)** give my permission for photographs or video footage used by the Church of the Holy Family and the Diocese of Camden for promotional purposes and/or on their website and their social media site. *Names will not be used for social media.*

Parent Signature: _____ Print Parent Name: _____

Please join our teaching team!

We are always seeking volunteers for our Religious Education program. Please indicate here if you are interested and someone will reach out to you!

NAME _____ Cell #: _____

e-mail: _____

I would like to: TEACH _____ AIDE _____ HALL MONITOR _____