

**RELIGIOUS EDUCATION REGISTRATION FORM**  
**PSR, TEAM, SUNDAY SCHOOL, CONFIRMATION**  
**HOLY FAMILY PARISH 3450 SYCAMORE DR. STOW, OHIO 44224**

**PLEASE PRINT ALL INFORMATION. ALL REGISTRATON FORMS ARE DUE BACK BY AUGUST 23, 2010.**

**If you are registering for more than one program you may pay all fees in one check, payable to Holy Family. Please list the programs you are registering for at the bottom of the check. If payment is an issue, contact Diane Hurtuk. No one will be turned away because of financial difficulty.**

**Household Name** \_\_\_\_\_

\_\_\_\_\_  
( street address ) ( city ) ( zip )

\_\_\_\_\_  
( phone number ) ( cell number ) ( e-mail )

Are you a registered Holy Family Parishioner? \_\_\_\_\_yes \_\_\_\_\_no

**PSR: Children in Public School Grades 1<sup>st</sup>-8<sup>th</sup>**

Director: Mrs. Diane Hurtuk e-mail: [hurtuk@holyfamilystow.org](mailto:hurtuk@holyfamilystow.org) 330-688-6412 ext 273

\_\_\_\_\_  
( student's first name ) ( middle name ) ( last name )

\_\_\_\_\_  
( date of birth ) ( grade ) ( name of school attending )

\_\_\_\_\_  
( student's first name ) ( middle name ) ( last name )

\_\_\_\_\_  
( date of birth ) ( grade ) ( name of school attending )

\_\_\_\_\_  
( father's first, middle and last name ) ( religion )

\_\_\_\_\_  
( mother's first middle and last name ) ( mother's maiden name ) ( religion )

Fee: one child \$ 55.00, two children \$ 90.00, three or more children \$ 110.00. Please return this form, emergency health form and fee to the rectory office or mail to above address. Due back by August 23, 2010.

Fee amount enclosed \_\_\_\_\_.

**Public School** First Communion students (2<sup>nd</sup> grade) must also complete the registration form for First Communion (in packet).

**TEAM (All Parishioners)** Coach: Mrs. Diane Hurtuk e-mail: [hurtuk@holyfamilystow.org](mailto:hurtuk@holyfamilystow.org) 330-688-6412 ext. 273

Adult \_\_\_\_\_ Adult \_\_\_\_\_

Child \_\_\_\_\_ grade (2010-11) \_\_\_\_\_ Child \_\_\_\_\_ grade (10-11) \_\_\_\_\_

Child \_\_\_\_\_ grade (10-11) \_\_\_\_\_ Child \_\_\_\_\_ grade (10-11) \_\_\_\_\_

Childcare ( under 3 years ) \_\_\_\_\_ age \_\_\_\_\_ Childcare ( under 3 years ) \_\_\_\_\_ age \_\_\_\_\_

**Season tickets: four events**

1 person \$ 20.00  
2 people \$ 35.00  
3 + people \$ 50.00

**Single event tickets**

1 person \$ 6.00  
2 people \$ 10.00  
3 + people \$ 15.00

Please return this form, emergency health form and fee to the rectory office or mail to above address. Due back by August 23, 2010.

**(over)**

**SUNDAY SCHOOL**

Director: Mrs. Mary Ann Hopkins

e-mail: [mah3718@aol.com](mailto:mah3718@aol.com)

330-688-6412 ext. 472

check one...  3 YR OLD CLASS ( 3 by 9/30 )  4 YR OLD CLASS ( 4 by 9/30 )  Kindergarten ( 5 by 9/30 )

\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
( student's first name ) ( last name )

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
( date of birth ) ( city of birth ) ( state of birth )

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
( baptism date ) ( church of baptism )

\_\_\_\_\_  
( church of baptism address ) ( city ) ( state ) ( zip )

\_\_\_\_\_  
( father's first, and last name ) ( religion )

\_\_\_\_\_  
( mother's first and last name ) ( mother's maiden name ) ( religion )

Is there anything about your child that is important for the teacher to know? \_\_\_\_\_

The program fee is \$ 30.00 per child. Please return this form, emergency health form, and fee to the rectory office or mail to above address. Due back by August 23, 2010.

**CONFIRMATION (9<sup>th</sup> grade)**

Director: Mrs. Barbie Byrne

e-mail: [byrne@holyfamilystow.org](mailto:byrne@holyfamilystow.org)

330-688-6412 ext. 271

\_\_\_\_\_  
( student's **PROPER** first name ) ( middle name ) ( last name )

\_\_\_\_\_  
( nickname ) ( confirmation candidate's e-mail )

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
( date of birth ) ( city of birth ) ( state of birth ) ( name of high school )

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
( baptism date ) ( church of baptism )

\_\_\_\_\_  
( church of baptism address ) ( city ) ( state ) ( zip )

\_\_\_\_\_  
( church of first communion ) ( city ) ( state ) ( zip )

\_\_\_\_\_  
( father's first, middle and last name ) ( religion )

\_\_\_\_\_  
( mother's first middle and last name ) ( mother's maiden name ) ( religion )

**Please see Confirmation schedule for complete list of dates for the Confirmation Preparation Process.**

The program fee is \$ 60.00. Please return a **COPY** of your child's baptismal certificate (if not baptized at Holy Family, Stow), a recent color photo ( face shot please ), sponsor form, name form & emergency health form to the rectory office or mail to above address. Due back by August 23, 2010.

**Make your check payable to Holy Family and indicate your program(s) at the bottom of your check. Thank you.**

**ADDITIONAL REGISTRATION FORMS ARE AVAILABLE ONLINE AT [www.holyfamilystow.org](http://www.holyfamilystow.org), OR IN THE RECTORY OFFICE.**



**HOLY FAMILY  
PARISH**

3450 Sycamore Drive  
Stow, OH 44224-3999

**HOLY FAMILY EMERGENCY HEALTH FORM**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
( date )

\_\_\_\_\_  
( child's name )

\_\_\_\_\_  
( child's name )

\_\_\_\_\_  
( child's name )

\_\_\_\_\_  
( child's name )

\_\_\_\_\_  
( parent's name )

\_\_\_\_\_  
( phone # )

\_\_\_\_\_  
( cell # )

\_\_\_\_\_  
( address )

\_\_\_\_\_  
( city )

\_\_\_\_\_  
( emergency phone # )

I hereby give my permission for my child to receive emergency first aid. In the event parents cannot be reached, please list the hospital and doctor you desire to administer emergency care.

\_\_\_\_\_  
( hospital )

\_\_\_\_\_  
( doctor )

\_\_\_\_\_  
( phone # )

\_\_\_\_\_  
( dentist )

\_\_\_\_\_  
( phone # )

**Signature of Parent** \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Physical impairments/other pertinent information: \_\_\_\_\_

\_\_\_\_\_