



**HOLY FAMILY
PARISH**

3450 Sycamore Drive
Stow, OH 44224-3999

**2010-2011 SACRAMENTAL PREPARATION REGISTRATION FORM
FIRST RECONCILIATION FIRST COMMUNION**

TO BE COMPLETED FOR ALL 2ND GRADERS
(Please print)

(first name-**proper**) (middle name) (last name)

(street address)

(city) (zip) (phone number) (cell number)

(e-mail address)

(name of school)

_____/_____/_____
(date of birth) (city of birth) (state of birth)

_____/_____/_____
(date of baptism) (church of baptism)

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

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

(mother's first, middle and last name) (religion)

(mother's maiden name)

Children attending public school: return this form with PSR registration form.

Children attending Holy Family School: return this form.

All: If you child was NOT baptized at Holy Family please submit a COPY of the baptismal certificate.

All: The fee for this program is \$ 40.00, check made payable to Holy Family. PSR families may pay both fees in one check.

Return all forms and registration fees to the rectory office or mail to above address by August 15, 2011.



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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: _____
