Religious Education Registration



Registry Information for 2023-2024:

please call:		
Name	Relationship	Phone:
Name	Relationship	Phone:
Medical Release & General Co	onsent Form	
So that we can best serve your child, pleat Disabilities, Allergies, Medications Behavioral, etc):	se list any known conditions that	we should be made aware of (i.e., Learning s), Medical, Physical, Emotional,
	or printed in the parish Sunday B	ored by the parish. The photos may be uploaded Bulletin. If you do not want photos of your that you complete the section below.
	-	on the website or printed in the Sunday bulletin.
ENTIRE FORM TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN		
I request the above-named participan Family Parish.	nt be allowed to attend church	related activities with Our Lady of the Holy
I		
Parent/Legal Guardian (Print)		
Signature		Date:
Are you a Parishioner of Our Lady of the Holy Family Parish? Yes No		