

The Church of the Holy Spirit

REGISTRATION FORM

Religious Education Program

Fall 2009-2010

PARENT/GUARDIAN _____

MAILING AND STREET ADDRESS _____

CITY _____ ZIP _____ HOME PHONE _____

EMERGENCY NAME & PHONE _____

(Other than the parent, in case of illness or accident)

CELL PHONE _____

E-MAIL ADDRESS _____

CLASSES MEET ON WEDNESDAY EVENINGS AT 6:30 PM

STUDENT NAME	BIRTHDATE	GRADE	SPECIAL INFORMATION
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I / WE CAN VOLUNTEER IN THE FOLLOWING AREAS

_____ Substitute Catechist _____ Classroom Aide _____ Office Aide

_____ Driver for Fieldtrips _____ Catechist

REQUIREMENTS FOR ENROLLMENT (handbook is online at www.holyspiritwichita.com)

_____ *Registered Parishioner*

_____ *Diocesan VIRTUS Training Verified (Must have on file for volunteers, field trips, etc)*

_____ *Diocesan Policy on Suspected Abuse of Children (Must have on file for all volunteers)*

_____ *Diocesan Code of Ethical Standards (Must have on file for all volunteers)*

_____ *Fees must accompany enrollment form **\$25.00 per student, Capped at \$75.00.***

_____ *Cash* _____ *Check #* _____