

HOLY ROSARY COMMUNITY FAITH FORMATION

1104 Cheyenne Ave. Alliance, NE 69301 (308) 762-2830

FAITH FORMATION REGISTRATION

Father _____ Faith
Denomination _____
Mother _____ Faith
Denomination _____

Mailing Address _____ Home Phone _____
Father Work Phone _____ Mother Work Phone _____ Cell Phone(s) _____
Email _____

Sacraments Received
(Check Only)

Children (School Age Children Only)	Grade	Age	B'day	Baptism	Eucharist	Reconciliation

IN CASE OF EMERGENCY AND PARENTS ARE UNABLE TO BE REACHED:

NAME _____ HOME PHONE _____ CELL PHONE _____

I AM AWARE OF THE FAITH FORMATION DISCIPLINE POLICIES AND MY RESPONSIBILITIES AS A CHRISTIAN PARENT. I HEREBY GRANT HOLY ROSARY PERMISSION TO PHOTOGRAPH AND PUBLISH IMAGES OF MY CHILD(REN) ALONG WITH THEIR NAMES.

PARENT SIGNATURE

REGISTRATION FEES
\$30 PER STUDENT
With a cap of \$90

DATE REGISTERED _____
DATE PAID _____ AMOUNT _____
CASH ___ CHECK ___ CHECK # _____