



**F<sup>3</sup>@HF FAMILY INFORMATION FORM 2020-2021**

**HOLY FAMILY CATHOLIC CHURCH - 4401 HIGHCREST RD. ROCKFORD, IL 61107**

**(815) 398-4280 [WWW.HOLYFAMILYROCKFORD.ORG](http://WWW.HOLYFAMILYROCKFORD.ORG)**

Today's Date

\_\_\_/\_\_\_/\_\_\_

FAMILY NAME \_\_\_\_\_ Registered at Holy Family: Yes No

Street Address \_\_\_\_\_ City and Zip Code \_\_\_\_\_

Parent E-mail address \_\_\_\_\_

Home Phone \_\_\_\_\_

Father \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(First Name, Last Name)

Mother \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(First Name, Last Name)

Mother's Maiden Name: \_\_\_\_\_

Parents' Religion-Father \_\_\_\_\_ Mother \_\_\_\_\_

Children live with (please circle one) Both Parents Mother Father Other

If you are not the child(ren)'s parent, are you the legal guardian? YES NO (Proof of guardianship is required)

CHILD NAME \_\_\_\_\_ M / F Birthdate \_\_\_/\_\_\_/\_\_\_ Baptized Catholic? Yes / No  
(First name, Middle name, Last name)

Grade in September: \_\_\_\_\_ School: \_\_\_\_\_ Allergies/Medical Conditions \_\_\_\_\_

CHILD NAME \_\_\_\_\_ M / F Birthdate \_\_\_/\_\_\_/\_\_\_ Baptized Catholic? Yes / No  
(First name, Middle name, Last name)

Grade in September: \_\_\_\_\_ School: \_\_\_\_\_ Allergies/Medical Conditions \_\_\_\_\_

CHILD NAME \_\_\_\_\_ M / F Birthdate \_\_\_/\_\_\_/\_\_\_ Baptized Catholic? Yes / No  
(First name, Middle name, Last name)

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(First name, Middle name, Last name)

Grade in September: \_\_\_\_\_ School: \_\_\_\_\_ Allergies/Medical Conditions \_\_\_\_\_

CHILD NAME \_\_\_\_\_ M / F Birthdate \_\_\_/\_\_\_/\_\_\_ Baptized Catholic? Yes / No  
(First name, Middle name, Last name)

Grade in September: \_\_\_\_\_ School: \_\_\_\_\_ Allergies/Medical Conditions \_\_\_\_\_

*I hereby give permission for any photography which include my family and/or child(ren) to be used in various parish communication and in the diocesan newspaper. Yes \_\_\_ No \_\_\_ Please initial \_\_\_\_\_*

# ESC | Every Second Counts | SACRAMENTAL REGISTRATION FORM

ALL parents registering their child(ren) for **First Reconciliation, First Holy Communion, or Confirmation** MUST:

- Complete the Family Information Form on the reverse side of this sheet.
- Submit a copy of your child's baptism certificate (if not already on file)

## FIRST RECONCILIATION / FIRST HOLY COMMUNION PREPARATION:

Full Name _____ (First name, Middle name, Last name)	Baptism: _____ (Approximate date, parish, and city)
Did this student attend a Religious Education program last year? _____ Yes, at Holy Family Parish _____ Yes, elsewhere _____ _____ No (Name of Parish)	
<b>Fee: \$25</b>	

  

Full Name _____ (First name, Middle name, Last name)	Baptism: _____ (Approximate date, parish, and city)
Did this student attend a Religious Education program last year? _____ Yes, at Holy Family Parish _____ Yes, elsewhere _____ _____ No (Name of Parish)	
<b>Fee: \$25</b>	

## CONFIRMATION:

Full Name _____ (First name, Middle name, Last name)	Baptism: _____ (Approximate date, parish, and city)
Did this student attend a Religious Education program last year? _____ Yes, at Holy Family Parish _____ Yes, elsewhere _____ _____ No (Name of Parish)	
1 <sup>st</sup> Reconciliation: _____ (Approximate date, parish, and city)	1 <sup>st</sup> Holy Communion: _____ (Approximate date, parish, and city)
<b>Fee: \$55</b>	

  

Full Name _____ (First name, Middle name, Last name)	Baptism: _____ (Approximate date, parish, and city)
Did this student attend a Religious Education program last year? _____ Yes, at Holy Family Parish _____ Yes, elsewhere _____ _____ No (Name of Parish)	
1 <sup>st</sup> Reconciliation: _____ (Approximate date, parish, and city)	1 <sup>st</sup> Holy Communion: _____ (Approximate date, parish, and city)
<b>Fee: \$55</b>	

**FEES: Early Bird Special: \$100 Initial Fee before June 19, 2020.** No family fees to exceed \$275, 1<sup>st</sup> year only, and \$200, second year forward, *excluding Sacramental Fees*:

<b>Initial Fee (1<sup>st</sup> year only): \$125.00 (after June 19, 2020)</b> per family for Family Tool Kit	\$ _____
\$50.00 per student for consumables: (# of students) _____ x \$50 =	\$ _____
Total Sacramental Fee(s) above:	\$ _____
<b>Total Due:</b>	<b>\$ _____</b>