

# Inter-Generational Faith Formation Registration Form

Holy Family Catholic Church P.O. Box 130; Clemmons, NC 27012  
778-0600 Youth Ministry ext. 204; Faith Formation ext. 214 or 205

(Please print legibly)

**Household Name:** \_\_\_\_\_

**Household Contact** (To whom we address mail): \_\_\_\_\_  
(Circle title: Mr. / Mrs. / Ms. / Mr. & Mrs. / \_\_\_\_\_)      First Name      Last Name

**Address:** \_\_\_\_\_  
No.      Street      Apt. #  
\_\_\_\_\_  
City      State      Zip Code

**Primary Phone:** \_\_\_\_\_ (*type*)      **Secondary Phone:** \_\_\_\_\_ (*type*)

**Email:** \_\_\_\_\_

Name of email recipient \_\_\_\_\_ Name of email recipient \_\_\_\_\_  
\_\_\_\_\_ prefer e-mail      \_\_\_\_\_ prefer U.S. Postal

**In Case of Emergency, call: Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Please indicate Formation Level (as of Sept. 2015) from one of the following:  
Adult / High School / Middle School / Upper Elementary (Grade 3-5)  
/ Lower Elementary (Grades K-2) / Pre-K (ages 3-5)  
*Please indicate if you will need child care for children under 3 (nursery)*

\*include last name if different

Name: \_\_\_\_\_ Level/Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Level/Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Level/Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Level/Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Level/Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Level/Grade: \_\_\_\_\_

**Total number of Attendees** \_\_\_\_\_

**Fee: household of 2 = \$125 / each additional person \$25 (Max. \$225) \$** \_\_\_\_\_

\*Single member household please contact Peggy Schumacher for fee information. *No additional fee for children under 3 years of age.*

**This fee includes all program materials. Please complete this form and return it to the above address by June 5<sup>th</sup>. Please make checks payable to Holy Family Catholic Church.**

*Please complete both sides of this form*

(Please print legibly)

Please indicate if you have a family member to register in one of the following sacramental preparation programs:

\*Reconciliation: \_\_\_\_\_ Name: \_\_\_\_\_ Grade 2 or older: \_\_\_\_\_

\*First Eucharist: \_\_\_\_\_ Name: \_\_\_\_\_ Grade 2 or older: \_\_\_\_\_

Confirmation: \_\_\_\_\_ Name: \_\_\_\_\_ Grade 8 or older: \_\_\_\_\_

Additional sacramental fee \$50.00 per student

1. Does anyone in your household have any special needs of which we should be aware? Yes No  
Please describe: \_\_\_\_\_

2. Does anyone in your household have food allergies or restrictions?  
Yes No

Please describe: \_\_\_\_\_

**Volunteer Opportunities**

The Inter-generational program is dependent upon support of a variety of volunteers. Please indicate your areas of interest by putting the name of the person interested next to the activity.

**Formation Areas**

Team Leader (Check one): \_\_\_\_\_

\_\_\_ Pre-K \_\_\_ Lower Elem. \_\_\_ Upper Elem.

\_\_\_ Middle School \_\_\_ High School

\_\_\_ Young Adult \_\_\_ Adult

Assistant Leader (Check one): \_\_\_\_\_

\_\_\_ Pre-K \_\_\_ Lower Elem. \_\_\_ Upper Elem.

\_\_\_ Middle School \_\_\_ High School

\_\_\_ Young Adult \_\_\_ Adult

**Support Areas**

Home Kit Preparation: \_\_\_\_\_

Service Projects: \_\_\_\_\_

**Sacramental Formation**

Elementary Sacramental Prep: \_\_\_\_\_

Middle School Sacramental Prep: \_\_\_\_\_

Confirmation Team: \_\_\_\_\_

**Hospitality Areas** (all Households will be assigned at least twice during the year. Please indicate preference)

Set up: \_\_\_\_\_

Greeters: \_\_\_\_\_

Meal Server: \_\_\_\_\_

Clean Up: \_\_\_\_\_

*Please complete both sides of this form*

**Office use only  
2015-2016**

Date: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Sacr. Fee Paid: \_\_\_\_\_

Health Form: \_\_\_\_\_

Bapt. Cert.: \_\_\_\_\_