East Side Catholic Faith Formation Ministry ~ Holy Rosary Campus Holy Rosary Church • 2701 East Ave. • Erie, PA 16504

Holy Rosary, Holy Trinity, Our Mother of Sorrows, St John the Baptist, St Stanislaus

Family Name			Home Phone #	
E-Mail		Cell	Phone #	 Father
			Mother	Fatner
Address Street				
Street			City	Zip
Father's Name				
(Ste	·n-Father's N	Jame)		
•	•	ŕ		
Mother's Name			Maiden Name	
First			Maiden Name	
(St	ep-Mother's	Name)		
Emergency Contact if Parents	are not av	ailable		
			Name	Phone #
Name First (& Last – if lifferent than family name)	M/F	Grade (2018-19)	School	Birth Date
mirer chair running manney	111/1	(2010 1))	School	Ditti Duti
				<u> </u>
_				
			-	
Please provide information abo				
nore positive and supportive e	nvironme	nt for his/her	faith formation experie	ence.

FEE SCHEDULE: see attached

ALL FEES MUST BE PAID IN FULL BY September 23 – Make checks payable to: Holy Rosary Church

**Families not registered at an Eastside Catholic Faith Formation parish must be registered at a local Catholic parish and have the permission of their pastor to enroll in this program. There is an additional fee per family since the program is supported by the parishes in this collaboration (see fee schedule).

If your son/daughter was not baptized at Holy Rosary or St. John parish, a copy of his/her Baptismal Certificate is required by September 1st.

Name	Baptis	smal Date and Parish	First Eucharist Date & Parish
newspaper articles in relation to every posted on the parish websites. I have (will) read the Parent Handle Faith Formation Ministry program. I CONSENT TO THE PARTICITATION MINISTICATION MINISTICATION MINISTICATION FOR MEDICAL CASES of the permission that, in my absent receive emergency medical care for Religious Education Program program.	ents that happents that happen	cen in the program. Please to the requirements and editials) F MY CHILD/WARD IN DUS EDUCATION PROCESS EDUCATION PROCESS and situations that should ovities at Eastside Catholic	GRAM. a page 1 of this registration form, may occur while participating in the Faith Formation Ministry.
Signed (Parent/Legal Guardian): _			Date:
I would like to volunteer to help we Parent Signature	1 0		Date
		DREN BE REGISTERED IE NECESSARY MATER	BY JULY 31 ST SO THAT WE CAN CIALS.
For Office Use Only			
Amount Due \$			
Amount Paid \$ C	heck #	Cash	Amount Owed <u>\$</u>
Date Received		Received By	