

Sacramental Preparation for Children and Youth

YEAR 1: PRE-SACRAMENTS 2020-2021

Please complete the entire form



Child's Information

Please print clearly

Child's Full Name _____ Date of Birth _____ School Grade _____

Baptized? Yes No Catholic? Yes No **Please attach a copy of your child's BAPTISMAL cert.**

Child lives with: Both Parents Father Mother Other/Guardian _____

Family Information

Father's Name _____ His Cell Phone (_____) _____

Mother's Name _____ Her Cell Phone (_____) _____

Child's Home Address _____ Unit # _____

City _____ ZIP + 4 _____

Parent's E-Mail #1: _____

#2: _____

Registered at Holy Spirit Parish? : Yes No If no, please fill out page 2.

Photo Release/Consent:

I am the parent or legal guardian of the minor child listed above and I give permission for photographs of him/her to be published on the website and bulletin of Holy Spirit Parish and the website of the Archdiocese of Seattle. I understand that these photos can be viewed by anyone in the world, but no identifying information will be displayed.

Parent Signature: _____

1. Parent Catechesis: English Spanish

2. Please attach to this form:

A copy of your child's Baptismal Certificate
Sacramental Prep. Fee Receipt # _____

Fee Schedule

1 child: \$80 per year
2 children: \$100 per year
3 or more children:
\$120 per year

This fee covers the cost of books and supplies for class sessions.

3. Return completed form with attachments and fees to Holy Spirit Parish

By email: Lpozzi@Holyspiritkent.org

By mail: Holy Spirit Parish 310 3rd AVE S Kent WA 98032

Or drop by the parish office during office hours. (call 253-859-0444 for office hours)

Office of Faith Formation: Lisa Pozzi 253-859-0444 *212 or LPozzi@holyspiritkent.org

HOLY SPIRIT CATHOLIC CHURCH REGISTRATION FORM

Thank you for registering with Holy Spirit Catholic Church. Please neatly fill out as much information as possible.
If you have any questions, please contact Kristi Vasquez at 253-270-0848 or kvasquez@holyspiritkent.org.

Title Mr. Ms. Mrs. Dr.	Head of Household Last Name	First Name	MI	Date of Birth
Home Address	City	State	ZIP + 4	Home Telephone
Occupation	Work Phone	Cell Phone	Emails (Home & Work)	
Title Mr. Ms. Mrs. Dr.	Spouse Last Name	First Name	MI	Date of Birth
Occupation	Work Phone	Cell Phone	Emails (Home & Work)	

For Couples with different last names, How should your Mailing Names Read: _____

Single
 Civil Marriage [Date: ___/___/___]
 Marriage in the Catholic Church [Date: ___/___/___]
 Separated
 Divorced
 Widowed

All Family Members Last Name	(Include children at home) First Name	Gender	Religion	Birth Date Mo/Day/Yr	Check sacraments received:	Baptism	First Communion	Confirmation

I/We would like to receive weekly donation envelopes.
 I/We would like information on monthly automatic withdrawal donations.

OK to E-Mail Letters/Communications?
 Preferred language for communication: English/Spanish (choose one)

What else about yourself would you like to tell us? Are there any special needs?

Please return completed form to Holy Spirit Parish, 310 3rd Ave S, Kent, 98032-5863