



HOLY FAMILY SYRO MALABAR CATHOLIC CHURCH

St. Thomas Syro-Malabar Catholic Diocese of Chicago
3221 N 24st Phoenix, AZ - 85016 Phone: 623 328 5784 Email: info@syromalabaraz.org

RELIGIOUS EDUCATION

For Office Use Only (To be ONLY filled by Office Personnel)

Name of Child: _____
(Last Name) (First Name) (Middle Name)

Date: _____

Gender: _____ Grade: _____ School: _____

Cash / Check No: _____

Date of Birth: ___/___/___ Date & Place of Baptism: _____

Amount Paid: _____

ADDRESS: _____
(Street)

Receipt No: _____

ADDRESS: _____
(City) (State) (Zip)

Received by: _____

Father's Name: _____
(Last Name) (First Name) (Middle Name)

Mother's Name: _____
(Last Name) (First Name) (Middle Name)

Dad's Phone: [Home] _____ [Cell] _____ [E-Mail] _____

Mom's Phone: [Home] _____ [Cell] _____ [E-Mail] _____

Registration Details

Fee: **\$50 for each Child**

Please make checks payable to "Holy Family Syro Malabar Catholic Church, Phoenix"

Please indicate in the space below any special needs, allergies or medication, particularly if child's behavior is influenced.

PARENTS OF CHILD MUST SIGN BELOW ACCEPTANCE FOR MEDICAL EMERGENCIES

I/We hereby consent my child/children attending this Faith Formation Program. I/We authorize Holy Family Syro-Malabar Catholic Church of Phoenix to provide any necessary critical, emergency or medical services for my child/children as deemed necessary by Holy Family Syro-Malabar Catholic Church of Phoenix. I/We also accept that I/We would not hold Holy Family Syro-Malabar Catholic Church of Phoenix liable for any eventualities.

Father's / Mother's / Guardian's Signature _____ Date _____

DIOCESAN SAFE ENVIRONMENT TRAINING PROGRAM

I / We give permission to the Religious Education school to impart Appropriate, Age Level "Safe Environment training" to my child / children as per the guidelines of St. Thomas Syro-Malabar Catholic Diocese of Chicago. (If you DO NOT WANT your child/ children to receive Safe Environment training, you need to sign "Parent Decline Form" at CCD office).

Father's / Mother's / Guardian's Signature _____ Date _____