Holy Family Parish Catholic Church Family Registration Form

Thank you for joining our Parish Family. Please help us get to know you better by completing this form.

Family Information

Full Names- Ms./Mrs.: _____Maiden_____ Mr.: _____

DOB: _____ DOB: _____

Occupation: _____ Occupation: _____

Catholic Yes _____No _____ Catholic Yes _____No _____

Email Address: _____ Email Address: _____

Do you want Parish envelopes _____yes_____no or online giving_____yes_____no (see back of this form)

Marital Status: ( ) Married in Catholic Church? [Y / N] Custodial Parent: Mother or Father or n/a?

Street Address: _____

City and Zip: _____ Land Line Number: _____

Cell Phone Numbers: Mother ( ) _____ - _____ Father ( ) _____ - _____

Emergency Contact Name and Phone #: _____ ( ) _____ - _____

Have your child(ren) received the following Sacraments in the Catholic Church? See below: ↓

Children's Information and Religious Formation Information:

	Child's Name	D.O.B.	Sex	Grade	School Name	Baptism/1st Comm./Confirmation?
1.						
2.						
3.						
4.						

Any medical conditions, special needs, or dietary restrictions for your child(ren)? No (___) YES(___)

_____

Do you need any sacrament instruction for your child(ren) this school year? (See note below)

NO ( ) My child(ren) do not require any sacrament instruction at this time.

YES ( ) I need _____ for my child _____

(Sacrament) (Child's Name)

YES ( ) I need _____ for my child _____

(Sacrament) (Child's Name)

YES ( ) I need _____ for my child _____

(Sacrament) (Child's Name)

Note: First Reconciliation and First Eucharist are usually received in the 2nd grade; Confirmation in the 11th grade.

DATE_____

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HOLY FAMILY PARISH NEW ONLINE PAYMENT AUTHORIZATION FORM

Name on account (Print)	
Email address	Account Holder's Phone #
Address	
City, State, and Zip	
I authorize the following: ☐ New Payment from Account Specified Below *(Choose either bank or credit card. One account only, please.)* ☐ Change Indicated Below ☐ Discontinue Electronic Funds Transfer from Account or Fund Specified Below.	

Account Information
(Choose either Bank or Credit Card. Provide information below for one account only.)

Bank Account Information	Credit Card Information	
Bank Name	Credit Card Type ☐ Mastercard ☐ Visa	☐ American Express ☐ Discover ☐ Other *(provide type below)* _____
Account Type ☐ Checking *(please attach voided check)*		
Routing Number	Credit Card #	
Account Number	Credit Card Expiration Date | Security Code	
Authorization Effective Date / /	Authorization Effective Date / /	

Contribution Schedule

Fund Type *(e.g., Sunday Offering, DSA Pledge, etc.)*	Payment Schedule	Amount	Payment Start Date	Collection Date *(Choose date for withdrawal from your account))*	Down Payment *(if applicable)*
	☐ Monthly ☐ Twice/month ☐ Weekly	$		☐ 1st & 16th ☐ 5th & 20th	$
	☐ Monthly ☐ Twice/month ☐ Weekly	$		☐ 1st & 16th ☐ 5th & 20th	
	☐ Monthly ☐ Twice/month ☐ Weekly	$		☐ 1st & 16th ☐ 5th & 20th	$
	☐ Monthly ☐ Twice/month ☐ Weekly	$		☐ 1st & 16th ☐ 5th & 20th	$

Weekly withdrwals are every Sunday. Monthly withdrawals are on the 1st of the month.

I authorize the above-named church or school to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a $_____ nonsufficient funds (NSF) fee charged to my account for NSF debits.

Authorized account signature:_____ Date:_____