

Holy Apostles Formation Enrollment Form, 2007-2008

Drop off or mail with Program Registration Fee(s) Payable at Registration, to Holy Apostles  
4925 North Carefree Circle, Colorado Springs., CO, 80917, Attn: Christian Formation

Family Parish Registration Number \_\_\_\_\_ Date \_\_\_\_\_ Check # or Cash \_\_\_\_\_

Parent/Guardian's Full Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zipcode \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Unlisted? Yes No

Person Listed Above

Relation to child: \_\_\_\_\_ Sex \_\_\_\_

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Pager # \_\_\_\_\_

Email address \_\_\_\_\_

Business Phone \_\_\_\_\_

Other Adult in Home

Relation to child: \_\_\_\_\_ Sex \_\_\_\_

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Pager # \_\_\_\_\_

Email address \_\_\_\_\_

Business Phone \_\_\_\_\_

Emergency Information (not living in child's home)

Contact Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Unlisted? \_\_\_\_\_

Remarks: \_\_\_\_\_

Adult's Name \_\_\_\_\_

Adult Program Choices (circle ones in which you would like to participate, or want more information)

Small Apostolic Communities MOPS RE Catechist/Classroom Aide  
RCIA Family RCIA RCIA Sponsor Just Faith

Adult's Name \_\_\_\_\_

Adult Program Choices (circle ones in which you would like to participate, or want more information)

Small Apostolic Communities MOPS RE Catechist/Aide  
RCIA Family RCIA RCIA Sponsor Just Faith

1<sup>st</sup> Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

Sex: \_\_\_\_ School District/School Name \_\_\_\_/\_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Baptism Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

1st Reconciliation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

1st Communion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Confirmation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

If a teen: email address: \_\_\_\_\_ pager # \_\_\_\_\_

cell phone # \_\_\_\_\_

CIRCLE Christian Formation choices for this student

Sacramental Prep: 1st Reconciliation\* 1st Eucharist\* Teen Confirmation\* Adult Confirmation (+18)

Religious Ed: Grades K - 6<sup>th</sup> (Choose one of the following:)

Sat RE Sunday RE (AWAKE!) Tuesday RE Middle School High School

2<sup>nd</sup> Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

Sex: \_\_\_\_ School District/School Name \_\_\_\_/\_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Baptism Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

1st Reconciliation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

1st Communion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Confirmation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

If a teen: email address: \_\_\_\_\_ pager # \_\_\_\_\_

cell phone # \_\_\_\_\_

CIRCLE Christian Formation choices for this student

Sacramental Prep: 1st Reconciliation\* 1st Eucharist\* Teen Confirmation\* Adult Confirmation (18+)

Religious Ed: Grades K - 6<sup>th</sup> (Choose one of the following:)

Sat RE Sunday RE (AWAKE!) Tuesday RE Middle School High School

\*Please read Diocesan Sacramental Preparation Polices found in the Christian Formation Resource Booklet, page 3

3<sup>rd</sup> Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Sex: \_\_\_\_\_ School District/School Name \_\_\_\_\_/\_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Baptism Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

1st Reconciliation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

1st Communion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Confirmation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

If a teen: email address: \_\_\_\_\_ pager # \_\_\_\_\_

cell phone # \_\_\_\_\_

**CIRCLE Christian Formation choices for this student**

*Scaramental Prep:* 1st Reconciliation\* 1st Eucharist\* Tenn Confirmation \* Adult Confirmation (18+)

*Religious Ed: Grades K – 6<sup>th</sup>* (Choose one of the following:)

Sat RE Sunday RE (AWAKE!) Tuesday RE Middle School High School

**Nursery Needed during programs? Yes No**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Program Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Program Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Program Name \_\_\_\_\_

**Activity Release**

I (we) consent for my/our child identified below to participate in any activity or trip sponsored by any school, parish or other agency of the Diocese of Colorado Springs. In case of injury, I (we) authorize the Diocese of Colorado Springs to arrange for medical or dental services for me (us) and my child identified below. I (we) agree that any medical expenses will be my (our) responsibility. I (we) individually, and in my (our) capacities as parent(s), guardian(s) or next friends(s) of my (our) child \_\_\_\_\_, waive, release, and indemnify the Diocese of Colorado Springs, all of its constituent and schools and their agents, directors, officers, employees, and volunteers from all emands, claims, or liability, in law or in equity, which involved any damage loss or injury to me, my spouse, my (our) child, my (our) property, or the property of my (our) child. In the same capacities, I (we) promise not to sue the Diocese of Colorado Springs or any such person for any such demands, claims, liability. This consent, medical authorization and release are revocable only by writing signed by me (us) which bears the date that the revocation is delivered to the Diocese of Colorado Springs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Information:**

Parents may be reached at: Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

My child may take: (circle) Tylenol Aspirin Ibuprofen \_\_\_\_\_ initials

Special Considerations: (Allergies of any kind, asthma, food, etc.) Be specific:

Student Section: (12 and over please sign)

I waive, release, and indemnify the Diocese of Colorado Springs, all of its constituent parishes and schools and their agents, directors, officers, employees, and volunteers from all demands, claims, or liability, in law or in equity which has arisen or may arise from participation in any damage, loss or injury to me or my property.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature

\*Please read Diocesan Sacramental Preparation Polices found in the Christian Formation Resource Booklet, page 3