



# HOLY FAMILY CATHOLIC CHURCH

9531 Liberty Road | Randallstown, MD | [www.holyfamilyrandallstown.org](http://www.holyfamilyrandallstown.org)

## SUNDAY SCHOOL OF RELIGION 2024-2025 REGISTRATION FORM • GRADES 1 THROUGH 8

**SOR Tuition: 1 Student \$80.00 2 Students \$105.00 3 or more Students \$130.00**

Make checks payable to Holy Family Church. Write SOR in the memo line. Forms can be mailed, dropped in the Sunday offering in an envelope marked School of Religion or SOR at Mass or given directly to the Director of Faith Formation.

### PLEASE PRINT CLEARLY

**Families must be registered parishioners of Holy Family Catholic Church. HFC welcomes you!**

Mother's Name: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred method of contact:  Home Phone  Mobile  Email

Permission given for child(ren) to be photographed to promote Faith Formation at Holy Family:  YES or  NO

Your signature indicates that you have read and agree to all the policies and procedures of Holy Family School of Religion:

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Please turn this page over.

The following adult(s) have permission to pick up my children if I am unable to do so:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Name	Gender	Date of Birth	Grade	Baptism	First Eucharist	Allergies	Special Needs?

----- FOR OFFICE USE ONLY -----

Registration Fee Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Cash: \_\_\_\_\_ Check Number: \_\_\_\_\_

For more information, contact the Director of Faith Formation, Cynthia Norris at 410-922-3800, ext. 5 or [Cynthia.norris@archbalt.org](mailto:Cynthia.norris@archbalt.org)