PLEASE PRINT **PLEASE PRINT**

TODAY'S DATE: PARISH ENVELOPE NUMBER: RE FAMILY ID NUMBER:

FATHER'S NAME: FATHER'S RELIGION:

MOTHER'S NAME: MOTHER'S RELIGION:

HOME ADDRESS:

MAILING ADDRESS IF DIFFERENT FROM HOME:

CITY: STATE: ZIP: HOME PHONE:

FATHER'S E-MAIL: FATHER'S WORK # : FATHER'S CELL # :

MOTHER'S E-MAIL: MOTHER'S WORK # : MOTHER'S CELL # :

	CHILD # 1	CHILD # 2	CHILD # 3	CHILD # 4	CHILD # 5
CHILD'S NAME:					
CHILD'S GRADE:					
FOOD OR DRINK ALLERGIES:					
GENDER: MALE OR FEMALE:					
CHILD'S DATE OF BIRTH:					
BAPTIZED: YES OR NO:					
FIRST CONFESSION: YES/NO:					
FIRST COMMUNION: YES/NO:					
BEEN CONFIRMED: YES/NO:					

OFFICE USE ONLY:

AMOUNT DUE:
AMOUNT PAID:
BALANCE DUE:

CHECK

CASH

Please check which apply. For statistics only.

American Indian: Caucasion:
Asian American: Hispanic:
Black American: Other:

Holy Family **20____ - 20____ Enrollment Form** **Lawton**