



# 2018-2019 SEEDS OF FAITH REGISTRATON FORM

FAMILY NAME \_\_\_\_\_  
CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
DATE AND CHURCH OF BAPTISMM \_\_\_\_\_  
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MOTHER'S NAME \_\_\_\_\_ CELL PHONE# \_\_\_\_\_  
FATHER'S NAME \_\_\_\_\_ CELL PHONE# \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
EMAIL (PLEASE PRINT) \_\_\_\_\_

If you are interested in registering your child,  
please complete this form and return it with  
your payment of \$80.00 (make check payable to  
**Holy Family Religious Education**) to:

LETTY BARTOSZEK  
43 LINDEN AVENUE  
PELHAM, N.Y. 10803

### VOLUNTEER OPPORTUNITIES:

Catechists and Assistants may teach or assist  
every week, every other week, or once a month  
– please indicate which you would prefer.

\_\_\_Preschool Religion Teacher \_\_\_\_\_  
\_\_\_Substitute Teacher \_\_\_\_\_  
\_\_\_Classroom Aide \_\_\_\_\_

**\*\*Class takes place every Sunday  
DURING the 9:00 Mass.\*\***