



2019-2020 SEEDS OF FAITH REGISTRATON FORM

FAMILY NAME _____
CHILD'S NAME _____ AGE _____
DATE OF BIRTH _____
DATE AND CHURCH OF BAPTISMM _____

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.****