



# 2023-2024

## SEEDS OF FAITH REGISTRATON FORM

FAMILY NAME \_\_\_\_\_  
CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
DATE AND CHURCH OF BAPTISM \_\_\_\_\_

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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 \$50.00 (make check payable to Holy Family Religious Education) to:  
LETTY BARTOSZEK  
c/o Religious Education Office 83  
Clove Road  
New Rochelle, NY 10801

### 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.\*\***