

# YDISCIPLE REGISTRATION FORM

## St. Columbkille / Holy Name

### 2017-2018

73 N. Mulberry St.  
Wilmington, OH 45177

Contact: Glenn Gigandet at 937-382-1596 or email:  
[ggigandet@stcolumbkille.org](mailto:ggigandet@stcolumbkille.org)

OFFICE USE ONLY:	
Date received:	_____
Pd: cash	____ S/P Fee: _____
Che	____ check no. _____
Total Pd:	_____
<i>(Volunteer Catechist =no fee)</i>	

- Supplies fee: \$15 per student  
(Please see the DRE for special circumstances regarding fees; no one is turned away.)

(Please Print Clearly)

Date:\_\_\_\_\_

TEEN	CIRCLE	BIRTHDATE	GRADE
(1) _____ Last First	M or F	_____ Baptized YES _____ NO _____	_____ _____
(2) _____ Last First	M or F	_____ Baptized YES _____ NO _____	_____ _____
(3) _____ Last First	M or F	_____ Baptized YES _____ NO _____	_____ _____
(4) _____ Last First	M or F	_____ Baptized YES _____ NO _____	_____ _____

### FAMILY INFORMATION

Father's Name \_\_\_\_\_ Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E- mail address \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School \_\_\_\_\_ Home School \_\_\_\_\_

Would you be interested in volunteering for any special events retreats and/or fundraising?  
YES \_\_\_\_\_ NO \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date:\_\_\_\_\_