

Horizons Registration

2009-2010

Name _____ Date of Birth _____

Father's Name _____ Mother's Name _____

Street Address _____

City/State/Zip _____

Telephone Number _____ Cell Number _____

Student E-Mail Address _____ Tee Shirt Size _____

School Attending _____ Grade _____

Family Registered in Parish? _____

Have you received the sacrament of Confirmation? _____

In case of EMERGENCY, call:

Name _____

Telephone _____

Cell Phone _____

If we (parent/guardian) cannot be contacted, we understand that the local paramedics will take our child to the nearest hospital

Signature of Parent/guardian _____ Date _____

Any additional information _____

Cost for 2009-2010 School Year
Wednesday 6:30-8:30pm
\$75 per child

**"Do not let anyone look down on you because you are young, but set an example for the believers in speech, in life, in love, in faith, and in purity."
1 Timothy 4:12**