



2024- 2025

SEEDS OF FAITH REGISTRATON FORM

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

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.****