

**Holy Angels Parish & School**  
**Angel Wings Program Registration Form**

Account Name \_\_\_\_\_  
Last First (Adult's name, not student's)

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

Email Address \_\_\_\_\_

Phone (H) (\_\_\_\_\_) - \_\_\_\_\_ Work/Cell(\_\_\_\_\_) - \_\_\_\_\_

Driver's License Number \_\_\_\_\_

**ANGEL WINGS PATRICIPANTS MAY DIRECT THEIR EARNINGS TO:**

**Choose only ONE:**

- Holy Angels School tuition account registered to the above name
- Sponsor Another Family at Holy Angels School  
Family of \_\_\_\_\_  
Phone # for this family \_\_\_\_\_
- Classroom Enhancement Fund
- Guardian Angel Fund
- Technology Fund
- Holy Angels Parish
- Holy Angels Parish Religious Education (CCD) – Child's Name \_\_\_\_\_
- Catholic High School - \_\_\_\_\_  
(school name and name/graduation year of student)
- College (must be 501C3) - must fill out additional College Information Form
- Professional Development (HA School Staff and Faculty Members Only)

**BACKPACK PROGRAM:**

**Choose only ONE:**

- I WILL NOT participate in the Backpack Program
- I WILL participate in the Backpack Program (one time fee of \$3 to pay for red bag)  
Child Who Will Carry Backpack Bag: \_\_\_\_\_

**All participants must complete this statement:**

I have read, understand, and will abide by the Angel Wings Guidelines & Policies.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date