Holy Cross Religious Education 2020-21 Registration

Wednesdays - 6 - 7:30 p.m.

Please Print

			Parental Informa	ation_						
Father's Name:	Mother's Name:									
Address:	Address (if differs):									
Zip Code:	Zip Code(if differs):									
Religion:			Religion:							
Home Phone:			Home Phone (if differs):							
Work Phone:	Work Phone:									
Cell Phone:			Cell Phone:							
Email Address:	Email Address:									
Pleas	e <u>circle</u> t	he best pho	one number and ema	il to contact	in cas	e of e	mergency.			
			School in the Fall Grade in Loc							
					Qυ	ate	&Date	&Date		
1.										
2.										
3.										
4.										
5.										
Child/Children Live With: (Circle One or Both) Mother Father Other Media Consent: In an attempt to share the accomplishments of our youth, the children and families participating in parish events may be photographed or recorded for end of year slideshow, website, television, newspaper or radio coverage. In order for your child to participate, consent must be on record in the Religious Education Office. (Please respond and sign below.) I grant permission for child(ren) enrolled to participate in media/publicity. I do not grant permission for my child(ren) enrolled to participate in media/publicity.						For Parish Use Only Date Form Received Registered Parishioners Y N Phase Yellow Preference Tuesday Wednesday Amount Owed: \$				
Parent/Guardian Signature: Date:						Amount Paid:Ck #				
Do any of your children have special requirements of which Religious Education Administration should be aware? Yes No						Cost: \$80 per family enrolled Each additional child \$70 with max of \$290				
If yes, please detail each special requirement in writing then attach the information to this form.							Sacrament/Retreat Fee: \$50			