

**Holy Cross Religious Education
Registration
Wednesdays - 6:00 to 7:30 p.m.**

Please Print

Parental Information

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: _____

Please **circle** the best phone number and email to contact in case of emergency.

Child/Children You Plan to Enroll in Religious Education (Youngest to Oldest)

Limited Class Size – First Come, First Served

Sacraments Received: Date/Place

Child's Full Name	Sex	Date of Birth	School in the Fall	Grade in Fall 2019	Baptism Location & Date	Reconciliation Location & Date	Eucharist Location & 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.

Parent/Guardian Signature: _____ Date: _____

For Parish Use Only

Date Form Received _____

Registered Parishioners Y N

Amount Owed: \$ _____

Amount Paid: _____ Ck # _____

Cost: \$85 per family \$70 for each additional student.

Sacrament/Retreat Fee: \$50

Do any of your children have special requirements of which Religious Education Administration should be aware?

Yes _____ No _____

If yes, please detail each special requirement in writing then attach the information to this form.