



CHURCH OF THE HOLY CROSS

REGISTRATION FORM 2018-2019

Office Use Only
Date _____
Family # _____
Prog / Class / Sac. Level _____

(Please Print)						
STUDENT 1 INFORMATION						
Student's Last Name		First Name	Birth Date	Sex M F	Home Phone	Grade Fall 2018
Student Baptized?	Date of Baptism	Cert. on File at Holy Cross?	Name of Church		City, State, Country,	
YES NO		YES NO				
Received 1 st Reconciliation	Received 1 st Communion		Name of Church		City, State, Country	
YES NO	YES NO - Date _____					
PARENT INFORMATION						
Mother's Name		Address		City, State, Zip Code	Phone Number	Receives Texts? YES NO
Father's Name		Address (if different)		City, State	Phone Number	Receives Texts? YES NO
Email		Language parents prefers for communication?		Student Lives With?	What Parish are you Registered?	
		English Spanish		Mother Father Both Other _____		
Enrollment Fees			Emergency Contact Information			
1 child	\$90	Carried Total	Name of local friend/relative (not at same address)			
2 children	\$145	Amt. Paid	Contact number		Relationship to Student	
3 children	\$165	Remaining Balance	<input type="checkbox"/> On Occasion, photos may be taken during/for RE Program. I give consent that photos of my child may be used for promotional material or for presentations in or program.			
Cost		Date	<input type="checkbox"/> I understand payment arrangements must be made before first class to guarantee enrollment in class. If student(s) drop from the program before 9-30-16 - \$30 of the Family Fee is kept as an Administration Fee. If student(s) drop after 9-30-16 all fees are kept.			
Discounted		Check #	Please list who is allowed to Pick Up Child ?			
Past Due Fees		Cash				
Total Due 18-19						
Parent/Guardian Signature					Date	
ENTIRE amount must be paid at time of registration			Notes			

(Please Print)

STUDENT 2 INFORMATION

Student's Last Name		First Name	Birth Date	Sex	Home Phone	Grade Fall 2018
				M F		
Student Baptized?	Date of Baptism	Cert. on File at Holy Cross?	Name of Church		City, State, Country	
YES NO		YES NO				
Received 1st Reconciliation		Received 1st Communion	Name of Church		City, State, Country	
YES NO		YES NO - Date_____				

STUDENT 3 INFORMATION

Student's Last Name		First Name	Birth Date	Sex	Home Phone	Grade Fall 2018
				M F		
Student Baptized?	Date of Baptism	Cert. on File at Holy Cross?	Name of Church		City, State, Country	
YES NO		YES NO				
Received 1st Reconciliation		Received 1st Communion	Name of Church		City, State, Country	
YES NO		YES NO - Date_____				

STUDENT 4 INFORMATION

Student's Last Name		First Name	Birth Date	Sex	Home Phone	Grade Fall 2018
				M F		
Student Baptized?	Date of Baptism	Cert. on File at Holy Cross?	Name of Church		City, State, Country	
YES NO		YES NO				
Received 1st Reconciliation		Received 1st Communion	Name of Church:		City, State, Country	
YES NO		YES NO - Date_____				

COMMENTS
