



CHURCH OF THE HOLY CROSS

REGISTRATION FORM 2017-2018

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 2017
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	Phone Number	Receives Texts? YES NO	
Father's Name		Address (if different)	City, State	Phone Number	Receives Texts? YES NO	
Most Used Email Address		Language parents prefer for communication?	Student Lives With?	What Parish are you Registered in?		
		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 the first class to guarantee enrollment in class. If student(s) drop from the program before September 30th - \$30 of the Family Fee is kept as an Administration Fee. If student(s) drop after September 30 th , all fees are kept.			
Discounted		Check #	Please list who is allowed to Pick Up Child?			
Past Due Fees		Cash				
Total Due 17-18						
Parent/Guardian Signature				Date		
ENTIRE amount must be paid at time of registration			Notes			

