

HOLY CROSS RELIGIOUS EDUCATION PROGRAM
KINDERGARTEN through JUNIOR HIGH

FAMILY NAME REGISTERED UNDER IN PARISH

2010- 2011 NEW REGISTRATION FORM
FAMILY INFORMATION

*PHONE NUMBER: Home _____ Ask for _____
*PHONE NUMBER: Daytime: _____ Ask for _____

ADDRESS _____
Number and Street City/State Zip Code

PARENTS' E-MAIL ADDRESS _____ CHILD(REN)'S E-MAIL ADDRESS _____

FATHER'S NAME _____ RELIGION _____
First Last

MOTHER'S NAME _____ RELIGION _____
First MAIDEN Last

MARITAL STATUS OF PARENTS (Please circle one): Married Single Widow/er Separated Divorced

If remarried, who is step-parent? _____ Religion _____

If divorced, who has primary custody? _____ Religion _____

Is there a custody order in effect? Details of order _____

Non-custodial parent's address (if you want information mailed) _____

DOES YOUR CHILD HAVE ANY PHYSICAL, EMOTIONAL OR SPECIAL EDUCATIONAL NEEDS? OR ON MEDICATION FOR CHRONIC PROBLEMS SUCH AS ASTHMA, ATTENTION DEFICIT, ETC.? _____ YES _____ NO

If yes, please explain (child's name and need) _____

It is essential that we make teachers aware of limitations. This information is confidential and given only to the child's teacher

IF YOUR CHILD IS IN ANY TYPE OF SPECIAL EDUCATION PROGRAM, PLEASE NOTE THE TYPE AND WHERE: _____

DO YOU HAVE ANY OTHER CONCERNS THAT NEED TO BE ADDRESSED, SUCH AS A LOSS OR TRAUMA? _____ YES _____ NO

If yes, please explain (child's name and need) _____

ON-CAMPUS REGISTRATION INFORMATION-----LEVEL K through JUNIOR HIGH

Listed below you will find the **two sessions** available for your children. Please make your **choice and complete** your child's information.

FALL/WINTER SESSION: September 2010 through April 2011; Levels K, 1, 2, 3, 4, 5, 6, 7, & 8; (Must register by October 1, 2010)

OPTION #1 – Wednesday Evening 5:00 pm – 6:30 pm

Student's Full Name Age School & Grade Special Education Program (if applicable)

- 1. _____
- 2. _____
- 3. _____

OPTION #2 – Thursday Evening 6:00 pm – 7:30 pm

Student's Full Name Age School & Grade Special Education Program (if applicable)

- 1. _____
- 2. _____
- 3. _____

SUMMER SESSION: June 20 – June 30, 2011; Monday - Friday; 9 am – 12 noon; Levels K, 1, 2, 3, 4, 5, 6, 7, & 8; (Must register by December 31, 2010)

Student's Full Name Age School & Grade Special Education Program (if applicable)

- 1. _____
- 2. _____
- 3. _____



If you can volunteer to help during your child's session, please indicate your availability: _____
(Teacher, Assistant Teacher, Substitute, Hall Monitor, Parking Lot Monitor)

A current background check is necessary to volunteer. Please contact the Religious Education Office for details.

NEW REGISTRATION STUDENT INFORMATION

Please fill in the following information for **each child registering**. You **must** attach a copy of **baptismal certificates** to this registration for each child unless baptism took place at Holy Cross. For all **other sacraments** received, please attach **copies** of appropriate certificates. The Religious Education Office will call you upon receipt of this registration to make an appointment for you to meet with the Coordinators to discuss placement of the child(ren) in the program, if necessary.

Child 1

Name _____ Birthdate and Birthplace _____ Mother's Maiden Name _____

Sacraments Received:

_____ Baptism	Where (Parish/address) _____	Date _____
_____ 1st Reconciliation	Where (Parish/address) _____	Date _____
_____ 1st Communion	Where (Parish/address) _____	Date _____
_____ Confirmation	Where (Parish/address) _____	Date _____

List all previous religious education (Parish, levels, dates, etc.) _____

Child 2

Name _____ Birthdate and Birthplace _____ Mother's Maiden Name _____

Sacraments Received:

_____ Baptism	Where (Parish/address) _____	Date _____
_____ 1st Reconciliation	Where (Parish/address) _____	Date _____
_____ 1st Communion	Where (Parish/address) _____	Date _____
_____ Confirmation	Where (Parish/address) _____	Date _____

List all previous religious education (Parish, levels, dates, etc.) _____

Child 3

Name _____ Birthdate and Birthplace _____ Mother's Maiden Name _____

Sacraments Received:

_____ Baptism	Where (Parish/address) _____	Date _____
_____ 1st Reconciliation	Where (Parish/address) _____	Date _____
_____ 1st Communion	Where (Parish/address) _____	Date _____
_____ Confirmation	Where (Parish/address) _____	Date _____

List all previous religious education (Parish, levels, dates, etc.) _____

Child 4

Name _____ Birthdate and Birthplace _____ Mother's Maiden Name _____

Sacraments Received:

_____ Baptism	Where (Parish/address) _____	Date _____
_____ 1st Reconciliation	Where (Parish/address) _____	Date _____
_____ 1st Communion	Where (Parish/address) _____	Date _____
_____ Confirmation	Where (Parish/address) _____	Date _____

List all previous religious education (Parish, levels, dates, etc.) _____