

HOLY CROSS RELIGIOUS EDUCATION PROGRAM
KINDERGARTEN through JUNIOR HIGH

FAMILY NAME REGISTERED UNDER IN PARISH

2011- 2012 RE-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 _____

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 2011 through March 2012; Levels K, 1, 2, 3, 4, 5, 6, 7, & 8; (Must register by October 1, 2011)

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. _____

(No Level 2 Summer 2012 CCD)

SUMMER SESSION: June 18 – June 29, 2012; Monday - Friday; 9 am – 12 noon; Levels K, 1, 3, 4, 5, 6, 7, & 8;(Must register by October 1, 2011)

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

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

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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.