

HOLY CROSS RELIGIOUS EDUCATION PROGRAM  
KINDERGARTEN through JUNIOR HIGH

\_\_\_\_\_  
FAMILY NAME REGISTERED UNDER IN PARISH

2011- 2012 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 \_\_\_\_\_

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)

4. \_\_\_\_\_

5. \_\_\_\_\_

4. \_\_\_\_\_

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

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

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

**(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. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

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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.

**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.) \_\_\_\_\_