

# Holy Cross Parish Religious Education Program

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Religious Education Year \_\_\_\_\_ Family Name \_\_\_\_\_

Email(s): \_\_\_\_\_

**\*\*Please note all communication during the year is through email. Please print neatly.**

**CHOOSE 1 SESSION: All sessions are for Grades 1-8**

**Sunday: 9:30-10:45am**     **Wednesday: 5:30-6:45pm**     **At Home program**     **Spec Needs: Sun10-10:45am**

Address where child/children reside: \_\_\_\_\_

Father's name: \_\_\_\_\_ Cel #: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Maiden name: \_\_\_\_\_ Cel#: \_\_\_\_\_

Child/children reside with:     Both parents     Mother     Father     Legal Guardian (see page 3)

**List all children you are enrolling in the program**

**Check Sacraments already received**

First and Last name	Grade in Sept	DOB	Sex	Health/Disabilities/Allergies/Concerns	Year of Baptism*	Year of Eucharist*	Session: Sun/Wed/At Home

\*If sacrament was not received at Holy Cross provide Name and address of church (provide copy of Baptismal certificate) \_\_\_\_\_

Registration: \$135.00 per child by 7/31/25  
 After 8/1/25 \$145.00 per child  
 After 9/1/25 \$155.00 per child  
 Communion Fee \$80.00  
 Confirmation Fee \$120.00

**OFFICE USE ONLY:** Total Due: \_\_\_\_\_  
 Method of pymt \_\_\_\_\_  
 Total Paid \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Balanced Owed: \_\_\_\_\_  
 Payment taken by: \_\_\_\_\_

I am interested in volunteering:    \_\_\_\_\_ Teacher    \_\_\_\_\_ Substitute    \_\_\_\_\_ Session

Child's Last Name \_\_\_\_\_ Parent's Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

**CONTACT AND EMERGENCY CONTACT INFORMATION:**

If we need to contact the parent/guardian during class time, please list in order the name and best number to be reached:

1. \_\_\_\_\_ phone# \_\_\_\_\_
2. \_\_\_\_\_ Phone# \_\_\_\_\_
3. \_\_\_\_\_ Phone# \_\_\_\_\_
4. \_\_\_\_\_ Phone# \_\_\_\_\_

Guardian Information, if applicable: Legal Guardian, if not biological parents must show legal papers.

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Cel#: \_\_\_\_\_

***Emergency Information and waiver:***

***In case of accident or illness, I request that the representative of the Holy Cross Religious Education Program contact me. If I am unable to be reached, I hereby authorize the representative listed below to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the Parish Catechetical Program may make whatever arrangements deemed necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary. To the best of my knowledge, all information given is accurate and complete. I hereby consent to and authorize the necessary procedures that have been stated above.***

***Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_***