

HOLY CROSS

Catholic Church
FAITH FORMATION REGISTRATION
2018-2019

| |
|------------------|
| Family No. _____ |
| Date: _____ |

***Parent/Guardian and child MUST be registered in Holy Cross parish to enroll in Faith Formation classes.**

| | |
|----------------------|--|
| Mother's Name _____ | Father's Name _____ |
| Address _____ | Address _____ <small>(If different from mother's address)</small> |
| City _____ Zip _____ | City _____ Zip _____ |
| Home Phone _____ | Home Phone _____ |
| Cell Phone _____ | Cell Phone _____ |
| Work Phone _____ | Work Phone _____ |
| Email _____ | Email _____ |

Liturgy of the Word: Held on Sunday mornings at 9:00AM & 11:00AM. Liturgy of the Word is available **ONLY** for 3 & 4 years old & 5-year-olds if not in Kindergarten. **NO** Registration is needed for Liturgy of the Word. There is no charge for Liturgy of the Word

| | | |
|---------------------------------|-----------------|------------------|
| K – 8 Grade: Wednesdays | 4:30pm - 5:30pm | \$50 per student |
| K – 8 Grade: Wednesdays | 5:45pm - 6:45pm | \$50 per student |
| 7 - 12 Grade: Wednesdays | 7:00pm - 8:00pm | \$50 per student |

| | | | | | |
|---|-----------------------------|------------------|-----------------------|---------------------|-----------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| Child's first & last name | Birthdate | Age | Sex | School Name | 2018-2019 Grade |
| _____ | | _____ | | _____ | |
| Preferred Session (day & time) | 9-12gr. Youth Email Address | | | Cell Phone | |
| <i>Circle Sacraments Already Received</i> | <i>Baptism</i> | <i>Eucharist</i> | <i>Reconciliation</i> | <i>Confirmation</i> | |

| | | | | | |
|---|-----------------------------|------------------|-----------------------|---------------------|-----------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| Child's first & last name | Birthdate | Age | Sex | School Name | 2018-2019 Grade |
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|---|-----------------------------|------------------|-----------------------|---------------------|-----------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| Child's first & last name | Birthdate | Age | Sex | School Name | 2018-2019 Grade |
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Child's first & last name Birthdate Age Sex School Name 2018-2019 Grade

Preferred Session (day & time) 9-12gr. Youth Email Address Cell Phone

Circle Sacraments Already Received Baptism Eucharist Reconciliation Confirmation

Child's first & last name Birthdate Age Sex School Name 2018-2019 Grade

Preferred Session (day & time) 9-12gr. Youth Email Address Cell Phone

Circle Sacraments Already Received Baptism Eucharist Reconciliation Confirmation

Child's first & last name Birthdate Age Sex School Name 2018-2019 Grade

Preferred Session (day & time) 9-12gr. Youth Email Address Cell Phone

Circle Sacraments Already Received Baptism Eucharist Reconciliation Confirmation

Does your child have special needs? No Yes Name of Child _____

Please Describe: _____

Does your child have food allergies? No Yes Name of Child _____

Allergy _____

PARENTAL/GUARDIAN COMMITMENT for 2018-2019:

_____ Full-year catechist for grade _____ on _____ at _____ time.

_____ Full-year team catechist for grade _____ on _____ at _____ time.

_____ Full-year coordinator on _____ at _____ time.

_____ Be a substitute catechist for grade _____ on _____ at _____ time.

_____ Help in my child's classroom or with faith formation special projects or events.

Date _____

Cash or Check # _____

RE Registration: \$50 per K-12th grade student \$ _____ Amount \$150 max per family

Full year Volunteer deduction - _____ If you teach or are a coordinator, your registration fee will be waived.

Total \$ _____

Please return this registration form along with payment to Holy Cross Church by May 15th. Thank You