

HOLY CROSS

Catholic Church
FAITH FORMATION REGISTRATION
2019 - 2020

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	6:00pm – 7:00pm	\$50 per student
7 - 12 Grade: Wednesdays	7:15pm - 8:15pm	\$50 per student

_____	_____	_____	_____	_____	_____
Child's first & last name	Birthdate	Age	Sex	School Name	2019-2020 Grade
_____		_____		_____	
Preferred Session (day & time)	9-12gr. Youth Email Address	Cell Phone			
<i>Check the 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	2019-2020 Grade
_____		_____		_____	
Preferred Session (day & time)	9-12gr. Youth Email Address	Cell Phone			
<i>Check the Sacraments Already Received</i>	<input type="checkbox"/> <i>Baptism</i>	<input type="checkbox"/> <i>Eucharist</i>	<input type="checkbox"/> <i>Reconciliation</i>	<input type="checkbox"/> <i>Confirmation</i>	

_____	_____	_____	_____	_____	_____
Child's first & last name	Birthdate	Age	Sex	School Name	2019-2020 Grade
_____		_____		_____	
Preferred Session (day & time)	9-12gr. Youth Email Address	Cell Phone			
<i>Check the Sacraments Already Received</i>	<input type="checkbox"/> <i>Baptism</i>	<input type="checkbox"/> <i>Eucharist</i>	<input type="checkbox"/> <i>Reconciliation</i>	<input type="checkbox"/> <i>Confirmation</i>	

Child's first & last name Birthdate Age Sex School Name 2019-2020 Grade

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

Check the Sacraments Already Received Baptism Eucharist Reconciliation Confirmation

Child's first & last name Birthdate Age Sex School Name 2019-2020 Grade

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

Check the Sacraments Already Received Baptism Eucharist Reconciliation Confirmation

Child's first & last name Birthdate Age Sex School Name 2019-2020 Grade

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

Check the 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 201; -2042:

_____ 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 # _____	"Rckf "d{ "Etf k/Ectf "aaaaaaa
	Amount	
RE Registration: \$50 per K-12th grade student	\$ _____	\$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 April 30th. Thank You
Registrations are due by April 30th