

First Communion 2021/2022

Holy Cross Church

4492 Lake Ave., Rochester, NY 14612 663-8000, ext. 3

Choose type of Sacramental Prep: At-Home _____ or In-Person(if available) _____

1. Child's Name

Baptism* (Place/Date)

_____/_____

Grade/School _____/_____

Age/Birthdate _____/_____

2. Child's Name

Baptism* (Place/Date)

_____/_____

Grade/School _____/_____

Age/Birthdate _____/_____

Mother's Name: _____ Maiden Name _____

Father's Name: _____

Main contact person(s): _____ Relationship to child: _____

Secondary contact person(s): _____ Relationship to child: _____

Primary address _____

Secondary address (if necessary) _____

Primary Phone# _____ 2nd Phone# _____

Our primary means of communication is via email. Please print email addresses clearly. Please add our addresses to your contacts and watch carefully for our communications – even in spam!

Primary Email

address: _____

2nd Email

address: _____

Registered member of Holy Cross Church? yes _____ no _____ unsure _____

If no, what parish are you a member of _____

Fee: \$25 per child

*** If your child was not baptized at Holy Cross, a Baptismal Certificate MUST be attached to this registration form.**