

Holy Cross – Catholic Faith Formation Registration Form 2021 – 2022

Holy Cross Church
4492 Lake Ave.
Rochester, NY 14612 (585)663-8000

Choose type of Religion Class: At-Home _____ or In-Person(if possible) _____

1. Student name _____ Date of Birth _____

Age of child _____ School Attending _____ Grade in Fall 2021 _____

2. Student name _____ Date of Birth _____

Age of child _____ School Attending _____ Grade in Fall 2021 _____

3. Student name _____ Date of Birth _____

Age of child _____ School Attending _____ Grade in Fall 2021 _____

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

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

Primary address to receive mailings _____

House # Street

CITY/TOWN

zip

Secondary address to receive mailings (if necessary) _____

CITY/TOWN

zip

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: _____

3rd Email address: _____

Parish your family is registered with _____

Registration Fee: Please make check payable to Holy Cross. \$60 for one child, \$85 for two or more children.

Office use only: Payment amt. received _____ Check # _____ Cash _____ Date _____

The following child(ren) is/are interested in preparing for Sacrament(s).

1. Child _____ Sacrament _____
2. Child _____ Sacrament _____
3. Child _____ Sacrament _____

*I understand that sacramental preparation occurs **in addition to** basic faith formation (religious education). A minimum of 2 years of religious education is required to form the basis for preparation for a sacrament.*

Is there anyone to whom this child cannot be released? _____

Special Situations regarding your child, that we should be aware of (Learning, Behavior, Challenges, Allergies, Medications, etc.) Circle: Yes/No. (Please attach a separate sheet if necessary)

List Here: _____

Does your child have any special talents or gifts that he/she might be willing to share (eg.: musical/artistic abilities)

List Here: _____

Would you be willing to: Teach____ **Assist in classroom**_____

Health Information

Health Insurance Co. _____ Policy # _____

Physician _____ Phone # _____

Allergies _____

PERMISSION AND RELEASE FORM

I, the undersigned parent or guardian of _____ gives permission for participation in the activities at the parish in which the child is registered for Catholic Faith Formation. In the event of an accident or illness, I hereby grant permission to a staff member or representative to act as an agent for me to consent to medical examination, treatment, hospital care or to administer first aid for minor problems. On the behalf of my child, I assume all risk of personal injury, damage, and expense as the result of participation.

I also give permission for the use of photographs of and including my child to be used in church publicity.

Signature of parent/guardian_____ **Date**_____
