

# Holy Cross – Catholic Faith Formation 2020 – 2021

**Holy Cross of Charlotte**  
4492 Lake Ave., Rochester, NY 14612 Phone: 621-8133 / 663-8000

**Student Name** \_\_\_\_\_ **Gender**  M  F  
LAST FIRST

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_  
House # Street  
\_\_\_\_\_  
CITY/TOWN NY, ZIPCODE

**Age of child** \_\_\_\_\_ **Public School Attending** \_\_\_\_\_ **Grade in Fall 2020** \_\_\_\_\_

In 2019, my child attended the Faith Formation program (Religious Ed/ Summer Camp/ Home Study) at \_\_\_\_\_ parish or Catholic School.

**Parish** your family is registered with \_\_\_\_\_  
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**Mother's Name** \_\_\_\_\_ **Maiden Name** \_\_\_\_\_

**Mother's Address** \_\_\_\_\_  
(If different from child's)  
**Phone:** \_\_\_\_\_ **E-mail** \_\_\_\_\_

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**Father's Name** \_\_\_\_\_

**Father's Address** \_\_\_\_\_  
(If different from child's)  
**Phone:** \_\_\_\_\_ **E-mail** \_\_\_\_\_

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**Child lives with:** Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other\* \_\_\_\_\_

- \*If other, provide name, address, relationship, phone, and e-mail of person the child lives with:

\*Other's address: \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*E-mail \_\_\_\_\_

**My child is interested in preparing for the Sacrament of** \_\_\_\_\_

**Registration Fee:** Please make check payable to Parish at which child is registering for Faith Formation Program Fee at Holy Cross: \$50 for one child, \$80 for two or more children

**FOR OFFICE USE ONLY**

**Amount paid:** \_\_\_\_\_ **Cash** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Date** \_\_\_\_\_