

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 _____

Mother's Name _____ **Maiden Name** _____

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

Father's Name _____

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

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** _____