

HOLY CROSS RELIGIOUS EDUCATION PROGRAM

New Student Profile Sheet

PLEASE PRINT

Are you a registered member of Holy Cross Parish? yes _____ no _____

Child's Name _____

Last

Middle

First

Male/Female _____

Date of Birth _____

Mother's Name _____

Last

First

Maiden

Address _____ Phone _____

Father's Name _____ Phone _____

Last

First

Address _____ Phone _____

Parent email _____

Person to contact in case of an emergency: Name _____

Phone _____

Previous religious education: Grade completed _____

Current School Attending and grade entering in September _____

Is there any information about your child that would be helpful to the teaching staff (learning difficulties, illness, allergies, visual or hearing impairments of particular sensitivities, etc.?) _____

SACRAMENTAL INFORMATION

*Baptism Date _____ 1st Eucharist Date _____

Church _____ Church _____

City _____ City _____

***BAPTISMAL CERTIFICATE is required.**

Student Registration Fee: \$40.00 per child/\$70.00 per family.

(please make checks payable to Holy Cross Church) Amount enclosed _____

Parent/Guardian _____ Date _____

volunteers are needed to help with the Holy Cross Religious Education Program. Please indicate the area(s) in which you would be willing to help:

Teacher _____ Aide _____ Substitute _____ Monitor _____ Other _____

e.g., Special Projects, Meetings, etc.

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New Student Profile Sheet

2nd Child's Name _____
Last Middle First

Male/Female _____ Date of Birth _____

3rd Child's Name _____
Last Middle First

Male/Female _____ Date of Birth _____

4th Child's Name _____
Last Middle First

Male/Female _____ Date of Birth _____

5th Child's Name _____
Last Middle First

Male/Female _____ Date of Birth _____

6th Child's Name _____
Last Middle First

Male/Female _____ Date of Birth _____