

HOLY CROSS RELIGIOUS EDUCATION PROGRAM
KINDERGARTEN through JUNIOR HIGH

FAMILY NAME REGISTERED UNDER IN PARISH

2009- 2010 NEW REGISTRATION FORM
FAMILY INFORMATION

*PHONE NUMBER: Home _____ Ask for _____
*PHONE NUMBER: Daytime: _____ Ask for _____

ADDRESS _____
Number and Street City/State Zip Code

PARENTS' E-MAIL ADDRESS _____ CHILD(REN)'S E-MAIL ADDRESS _____

FATHER'S NAME _____ RELIGION _____
First Last

MOTHER'S NAME _____ RELIGION _____
First MAIDEN Last

MARITAL STATUS OF PARENTS (Please circle one): Married Single Widow/er Separated Divorced

If remarried, who is step-parent? _____ Religion _____

If divorced, who has primary custody? _____ Religion _____

Is there a custody order in effect? Details of order _____

Non-custodial parent's address (if you want information mailed) _____

DOES YOUR CHILD HAVE ANY PHYSICAL, EMOTIONAL OR SPECIAL EDUCATIONAL NEEDS? OR ON MEDICATION FOR CHRONIC PROBLEMS SUCH AS ASTHMA, ATTENTION DEFICIT, ETC.? _____ YES _____ NO

If yes, please explain (child's name and need) _____

It is essential that we make teachers aware of limitations. This information is confidential and given only to the child's teacher

IF YOUR CHILD IS IN ANY TYPE OF SPECIAL EDUCATION PROGRAM, PLEASE NOTE THE TYPE AND WHERE: _____

DO YOU HAVE ANY OTHER CONCERNS THAT NEED TO BE ADDRESSED, SUCH AS A LOSS OR TRAUMA? _____ YES _____ NO

If yes, please explain (child's name and need) _____

STUDENT INFORMATION: LEVEL K through JUNIOR HIGH

Please use the list of programs below when filling in the individual student selections. **Before you choose a program, consider other family obligations, i.e., school, sports, music, community, work, custody arrangements, etc.**

LOWER LEVEL PROGRAM INFORMATION

1. Wednesday Afternoon Program - 4:30 pm to 6:00 pm - on campus in Elementary School – levels K, 1, 2, 3, 4, 5, 6, 7/8
2. Wednesday Evening Program - 6:30 pm to 8:00 pm - on campus in Elementary School - levels 1, 2, 3, 4, 5, 6, 7/8 **(No Level K)**
3. Thursday Evening Program - 5:30 pm to 7:00 pm - on campus in Elementary School - levels K, 1, 2, 3, 4, 5, 6, 7/8
4. Summer CCD Program – June 14 – 25, 2010 (excluding weekends); 9 am – 12 noon; Levels K, 1, 3, 4, 5, 6, 7/8 **(Register before October 1, 2009)**

<u>Student's Full Name</u>	<u>Age</u>	<u>Name of School & Grade</u>	<u>Special Education Program (if applicable)</u>	<u>CCD Program and Level in CCD (indicate # from above)</u>
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

TIME AND TALENT (Please check one before returning registration for processing. These areas require a real time commitment. If you have children in both programs, you are expected to only help in one.) I would like to support the Religious Education Program this school year by:

- | | |
|--|---|
| _____ Assistant in the classroom during my child's session | _____ Parking lot monitor during my child's session |
| _____ Teacher in classroom during my child's session | _____ Substitute teacher during my child's session |

PLEASE NOTE ***A background check is needed to volunteer.** The Religious Education Office will provide form and pay for background check.

THANK YOU!!!

FOR OFFICE USE ONLY

Date Registration Received _____	Other Information _____
Γ Deposit: Cash _____ Check # _____	Deposit Amount _____

NEW REGISTRATION STUDENT INFORMATION

Please fill in the following information for **each child registering**. You **must** attach a copy of **baptismal certificates** to this registration for each child unless baptism took place at Holy Cross. For all **other sacraments** received, please attach **copies** of appropriate certificates. The Religious Education Office will call you upon receipt of this registration to make an appointment for you to meet with the Coordinators to discuss placement of the child(ren) in the program, if necessary.

Child 1

Name _____ Birthdate and Birthplace _____ Mother's Maiden Name _____

Sacraments Received:

_____	Baptism	Where (Parish/address) _____	Date _____
_____	1st Reconciliation	Where (Parish/address) _____	Date _____
_____	1st Communion	Where (Parish/address) _____	Date _____
_____	Confirmation	Where (Parish/address) _____	Date _____

List all previous religious education (Parish, levels, dates, etc.) _____

Child 2

Name _____ Birthdate and Birthplace _____ Mother's Maiden Name _____

Sacraments Received:

_____	Baptism	Where (Parish/address) _____	Date _____
_____	1st Reconciliation	Where (Parish/address) _____	Date _____
_____	1st Communion	Where (Parish/address) _____	Date _____
_____	Confirmation	Where (Parish/address) _____	Date _____

List all previous religious education (Parish, levels, dates, etc.) _____

Child 3

Name _____ Birthdate and Birthplace _____ Mother's Maiden Name _____

Sacraments Received:

_____	Baptism	Where (Parish/address) _____	Date _____
_____	1st Reconciliation	Where (Parish/address) _____	Date _____
_____	1st Communion	Where (Parish/address) _____	Date _____
_____	Confirmation	Where (Parish/address) _____	Date _____

List all previous religious education (Parish, levels, dates, etc.) _____

Child 4

Name _____ Birthdate and Birthplace _____ Mother's Maiden Name _____

Sacraments Received:

_____	Baptism	Where (Parish/address) _____	Date _____
_____	1st Reconciliation	Where (Parish/address) _____	Date _____
_____	1st Communion	Where (Parish/address) _____	Date _____
_____	Confirmation	Where (Parish/address) _____	Date _____

List all previous religious education (Parish, levels, dates, etc.) _____