

HOLY CROSS RELIGIOUS EDUCATION PROGRAM  
KINDERGARTEN through JUNIOR HIGH

\_\_\_\_\_  
FAMILY NAME REGISTERED UNDER IN PARISH

2009- 2010 RE-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 &amp; Grade</u>	<u>Special Education Program (if applicable)</u>	<u>CCD Program and Level in CCD (indicate # from above)</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
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!!!

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#### FOR OFFICE USE ONLY

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