

HOLY CROSS RELIGIOUS EDUCATION PROGRAM  
KINDERGARTEN through JUNIOR HIGH

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

2010- 2011 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) \_\_\_\_\_

\_\_\_\_\_

**ON-CAMPUS REGISTRATION INFORMATION-----LEVEL K through JUNIOR HIGH**

Listed below you will find the **two sessions** available for your children. Please make your **choice and complete** your child's information.

FALL/WINTER SESSION: September 2010 through April 2011; Levels K, 1, 2, 3, 4, 5, 6, 7, & 8; (Must register by October 1, 2010)

OPTION #1 – Wednesday Evening 5:00 pm – 6:30 pm

Student's Full Name                      Age                      School & Grade                      Special Education Program (if applicable)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

OPTION #2 – Thursday Evening 6:00 pm – 7:30 pm

Student's Full Name                      Age                      School & Grade                      Special Education Program (if applicable)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

SUMMER SESSION: June 20 – June 30, 2011; Monday - Friday; 9 am – 12 noon; Levels K, 1, 2, 3, 4, 5, 6, 7, & 8; (Must register by December 31, 2010)

Student's Full Name                      Age                      School & Grade                      Special Education Program (if applicable)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_



If you can volunteer to help during your child's session, please indicate your availability: \_\_\_\_\_  
(Teacher, Assistant Teacher, Substitute, Hall Monitor, Parking Lot Monitor)

A current background check is necessary to volunteer. Please contact the Religious Education Office for details.