

Holy Cross Children's Religious Education Registration

FAMILY INFORMATION 2011-12

Mother's Name _____

Father's Name _____

Children live with (circle one) Mother Father Both Other: _____

Home Address: _____ City: _____ Zip: _____

Phone Number #1: _____ Home___ Cell___ Work___ Who (Mom/Other) _____

Phone Number #2: _____ Home___ Cell___ Work___ Who (Dad/Other) _____

Email: _____ Please write clearly. ☺

Emergency Contact: _____ Phone: _____ Relationship: _____

Date of Registration _____ Tuition Fees Paid: Check # _____ (amt.) \$ _____ or Cash (amt.)\$ _____

Tuition fees: \$20 for 1 child, \$10 per each additional child. If you are not able to pay the fee, it will not prevent your children from participating. Make check payable to Holy Cross Parish. Mail completed form and check to:

Holy Cross Catholic Church, Attn: Religious Education, PO Box 746, Lake Stevens, WA 98258.

CHILD #1

1. Child's Name _____
2. Birthdate _____ month____ day____ year _____
3. Sex (circle one) Male Female
4. Has this child been baptized? Yes No
5. Baptized at: Parish _____
City _____ State _____
Country _____
6. Has this child made his/her first Confession? (circle one) Yes No
7. Has this child received his/her first Communion? (circle one) Yes No
8. Has this child received the Sacrament of Confirmation? (circle one) Yes No
9. Grade in school for the 2011-12 year _____
10. Allergy/Medical information you would like us to know about this child:

11. Choose from class options: (check all that apply to this child)
 - a. Ages 3-5 9 am Sundays (Oct-May) _____
 - b. Grades K-5 6 pm Wednesdays (Oct-May) _____
 - c. Sacrament Prep * 1:30 pm Sundays (Jan-Apr) _____
 - d. Book Order only for families studying at home _____

See Back of Form for additional child registration

*Students in grades 2-5 preparing for Sacraments (First Reconciliation and First Holy Communion) must attend Wednesday evening RE class (or order book to study at home with parent) in addition to attending Sacrament Prep classes.

CHILD #2

1. Child's Name _____
2. Birthdate _____ month____ day____ year _____
3. Sex (circle one) Male Female
4. Has this child been baptized? Yes No
5. Baptized at: Parish _____
City _____ State _____
Country _____
6. Has this child made his/her first Confession? Yes No
7. Has this child received his/her first Communion? Yes No
8. Has this child received the Sacrament of Confirmation? Yes No
9. Grade in school for the 2011-12 year _____
10. Allergy/Medical information you would like us to know about this child:

11. Choose from class options:
 - a. Ages 3-5 9 am Sundays (Oct-May) _____
 - b. Grades K-5 6 pm Wednesdays (Oct-May) _____
 - c. Sacrament Prep * 1:30 pm Sundays (Jan-Apr) _____
 - d. Book Order only for families studying at home _____

*Students in grades 2-5 preparing for Sacraments (First Reconciliation and First Holy Communion) must attend Wednesday evening RE class (or order book to study at home with parent) in addition to attending Sacrament Prep classes.

CHILD #3

1. Child's Name _____
2. Birthdate _____ month____ day____ year _____
3. Sex (circle one) Male Female
4. Has this child been baptized? Yes No
5. Baptized at: Parish _____
City _____ State _____
Country _____
6. Has this child made his/her first Confession? Yes No
7. Has this child received his/her first Communion? Yes No
8. Has this child received the Sacrament of Confirmation? Yes No
9. Grade in school for the 2011-12 year _____
10. Allergy/Medical information you would like us to know about this child:

11. Choose from class options:
 - a. Ages 3-5 9 am Sundays (Oct-May) _____
 - b. Grades K-5 6 pm Wednesdays (Oct-May) _____
 - c. Sacrament Prep * 1:30 pm Sundays (Jan-Apr) _____
 - d. Book Order only for families studying at home _____