

**HOLY CROSS PARISH — NEW STUDENT FAITH FORMATION REGISTRATION**

**\*Is your family registered at Holy Cross Parish?  Yes  No**

The Archdiocesan Policy states students must attend Faith Formation classes in their registered parish.  
Registration in the parish must be complete, prior to this registration.

STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_

GRADE \_\_\_\_\_ CITY AND STATE OF BIRTH \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ STUDENT'S EMAIL \_\_\_\_\_

STUDENT'S CELL PHONE NUMBER \_\_\_\_\_

PARISH OF BAPTISM \_\_\_\_\_

PARISH ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_

Note: If baptism was not here at Holy Cross Parish, please provide a photocopy of the baptismal certificate.

BAPTISMAL CERTIFICATE PROVIDED:  YES  NO

MONTH/DAY/YEAR OF BAPTISM \_\_\_\_\_

MONTH/DAY/YEAR OF FIRST COMMUNION \_\_\_\_\_ PARISH \_\_\_\_\_

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FATHER'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL \_\_\_\_\_

FATHER'S EMAIL ADDRESS \_\_\_\_\_

FATHER'S RELIGION \_\_\_\_\_

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MOTHER'S NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_

MOTHER'S RELIGION \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL \_\_\_\_\_ MOTHER'S EMAIL \_\_\_\_\_

MOTHER'S ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

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EMERGENCY CONTACT NAME \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

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**NAME OF SIBLINGS**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

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STUDENT LIVES WITH: \_\_\_ PARENTS \_\_\_ MOTHER \_\_\_ FATHER \_\_\_ GUARDIAN \_\_\_ GRANDPARENTS

HAS THE STUDENT ATTENDED FAITH FORMATION BEFORE? \_\_\_ YES \_\_\_ NO

WHERE AND WHEN WERE THEY ENROLLED? PARISH \_\_\_\_\_

DATES \_\_\_\_\_

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SIGNATURE: \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

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MAKE CHECKS PAYABLE TO **HOLY CROSS PARISH.**

**FEE SCHEDULE:**

**1 CHILD \$75**

**2 CHILDREN \$115**

**3 CHILDREN OR MORE \$150**

**SACRAMENTAL FEE: \$65**

<b>FOR OFFICE USE ONLY</b>	Date Received: _____
Amount of Payment Received: _____	
Cash or Check? Number _____	Date of Check _____
Received By: _____	