

# HOLY CROSS

*Catholic Church*  
**FAITH FORMATION REGISTRATION**  
**2020-2021**

Family No. _____
Date: _____

**\*Parent/Guardian and child MUST be registered in Holy Cross parish to enroll in Faith Formation classes.**

Family Last Name _____	Date _____
Mother's Name _____	Father's Name _____
Address _____	Address _____ <small>(If different from mother's address)</small>
City _____ Zip _____	City _____ Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Email _____	Email _____

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**Liturgy of the Word:** Held on Sunday mornings at 9:00AM & 11:00AM. Liturgy of the Word is available **ONLY** for 3 & 4 years old & 5-year-olds if not in Kindergarten. **NO** Registration is needed for Liturgy of the Word. There is no charge for Liturgy of the Word

<b>K - 8<sup>th</sup> Grade:</b> Wednesdays	4:30pm - 5:30pm	\$50 per student
<b>K - 8<sup>th</sup> Grade:</b> Wednesdays	6:00pm - 7:00pm	\$50 per student
<b>7 - 12 Grade:</b> Wednesdays	7:15pm - 8:15pm	\$50 per student

_____	_____	_____	_____	_____	_____
Child's first & last name	Birthdate	Age	Sex	School Name	2020-2021 Grade

_____	_____	_____
Preferred Session (day & time)	9-12gr. Youth Email Address	Cell Phone

*Circle Sacraments Already Received    Baptism    Eucharist    Reconciliation    Confirmation*

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 Child's first & last name      Birthdate      Age      Sex      School Name      2020-2021 Grade  
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Does your child have special needs? No Yes Name of Child \_\_\_\_\_

Please Describe \_\_\_\_\_

Does your child have food allergies? No Yes Name of Child \_\_\_\_\_

Allergy \_\_\_\_\_

**PARENTAL/GUARDIAN COMMITMENT for 2020-2021:**

- \_\_\_\_\_ Full-year catechist for grade \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ time.
- \_\_\_\_\_ Full-year team catechist for grade \_\_ on \_\_\_\_\_ at \_\_\_\_\_ time.
- \_\_\_\_\_ Full-year coordinator on \_\_\_\_\_ at \_\_\_\_\_ time.
- \_\_\_\_\_ Be a substitute catechist for grade \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ time.
- \_\_\_\_\_ Help in my child's classroom or with faith formation special projects or events.

Date _____	Cash or Check # _____	Paid by Credit Card _____
	Amount	
RE Registration: \$50 per K-12 <sup>th</sup> grade student	\$ _____	<i>\$150 max per family</i>
Full year Volunteer deduction	- _____	<i>If you teach or are a coordinator, your registration fee will be free.</i>
Total	\$ _____	

Please return this registration form along with payment to Holy Cross Church by July 1<sup>st</sup>. Thank You  
**Registrations are due by July 1<sup>st</sup>.**