

Holy Cross Parish Religious Education Program
626 County Route 22, Middletown, NY 10940
(845) 355-6255 (Office) (845)355-4709 (Fax)

Religious Education Year _____ Family Name _____

Email(s): _____

****Please note all communication during the year is through email. Please print neatly.**

SESSIONS: All sessions are for Grades 1-8
Sunday: 9:30-10:45am Tuesday/Wednesday: 4:15-5:30pm Special Needs: Sunday 10:00-10:45am
Registration Fee per child \$100 Sacrament fee: Communion \$70 Confirmation \$100

Address where child/children reside: _____

Father's name: _____ Marital status _____ Religion _____

Cel #: _____

Mother's name: _____ **Maiden name:** _____ Marital status _____ Religion _____

Cel#: _____

Child/children reside with: Both parents Mother Father Legal Guardian (see page 3)

List all children you are enrolling in the program

Check Sacraments already received

First and Last name	Grade in Sept	DOB	Sex	Health/Disabilities/Allergies/Concerns	Baptism*	Eucharist*	Session: Sun/Tues Or Wed	

***If Baptism was received outside of Holy Cross please provide copy of Baptismal certificate**

I am interested in volunteering as a Teacher _____ Substitute _____ Session _____

For office use:
 Paid:
 Date:
 Method of pymt:

Dear Parents:

Our Religious Education team truly feels it is a blessing and a privilege to work together with the families of our parish to help educate and pass on the faith to our youth. As Catholics we believe parents and guardians have the primary and sacred responsibility to be their children's first educators and that our catechists are only supplementing the faith process.

Please read the following list of commitments and provide your signature as a commitment to work together with our staff and team of catechists.

- ❖ Your presence at Mass is a very important part of the education process. We cannot successfully give the students a meaningful understanding of the Catholic faith if you as the parent/guardian do not participate by coming to Mass each week.**
- ❖ Your child/children are expected to be respectful and cooperative at all times. Our catechists are all volunteers and need your help emphasizing the necessity of polite and considerate behavior.**
- ❖ All absences need a written note from the parent/guardian. Excessive absences/lateness may need to be made up after discussion with the coordinators. If any student arrives 10 minutes after classes begin or if any student needs to be picked up early, the parent/guardian must come to the Rectory office since the classroom buildings are locked during class time. Teachers are instructed to not open the doors for anyone except the pastor or coordinators.**
- ❖ Any child registered to receive a sacrament must conform with all requirements and assignments for that sacrament. The catechist and coordinators will hand out all necessary requirements in a timely manner.**

I have read the above criteria and agree to discuss the requirements with my child/children and their role in the religious education process.

Signature

Date

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(845) 355-6255 (Office) (845)355-4709 (Fax)
Email: Nancymazany@gmail.com

CONTACT AND EMERGENCY CONTACT INFORMATION:

If we need to contact the parent/guardian during class time please list in order the name and best number to be reached:

1. _____ phone# _____
2. _____ Phone# _____
3. _____ Phone# _____
4. _____ Phone# _____

Guardian Information, if applicable: Legal Guardian, if not biological parents must show legal papers.

Name _____

Relationship to child _____

Address _____ Cel#: _____

Emergency Information and waiver:

In case of accident or illness, I request that the representative of the Holy Cross Religious Education Program contact me. If I am unable to be reached, I hereby authorize the representative listed below to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the Parish Catechetical Program may make whatever arrangements deemed necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary. To the best of my knowledge, all information given is accurate and complete. I hereby consent to and authorize the necessary procedures that have been stated above.

Parent/Guardian Signature _____ ***Date*** _____

Doctor: _____ **Phone#:** _____