

**HOLY CROSS RELIGIOUS EDUCATION  
2016 - 2017 Registration**

PARENT'S LAST NAME: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

FATHER'S WORK #: \_\_\_\_\_ MOTHER'S WORK #: \_\_\_\_\_

FATHER'S CELL #: \_\_\_\_\_ MOTHER'S CELL #: \_\_\_\_\_

FAMILY EMAIL ADDRESS: \_\_\_\_\_

**911 PARAMEDICS WILL BE CALLED IN CASE OF AN EMERGENCY.**

DOCTOR'S NAME: \_\_\_\_\_ DOCTOR'S PHONE: \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**EMERGENCY INFORMATION FOR ALL FAMILIES - PLEASE SIGN BELOW**

If you, or a responsible adult, or physician of choice, as indicated above, cannot be reached in an emergency and, if in the judgment of the parish authorities, immediate medical and/or hospital attention is indicated, responsible parish authorities will send your child (properly accompanied) to an available hospital.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

**INDICATE BELOW A FIRST AND A SECOND CHOICE FOR YOUR CHILD'S RELIGIOUS ED. CLASS.**

**SPECIAL NEEDS: Please share below any relevant information regarding individual needs your child may have.**

NEW STUDENT NAME: _____ Gender: _____ Fall Grade _____
GRADES PreSchool to Kindergarten: Sunday morning 9:30 _____
GRADES 1 to 8: Sun. 9:30 _____ Wed. 4:45 _____ Wed 7:00 _____
SPECIAL NEEDS: _____

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