

**HOLY CROSS RELIGIOUS EDUCATION
2017 - 2018 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: _____

NEW STUDENT NAME: _____ Gender: _____ Fall Grade _____
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