Holy Cross Church Confirmation—Registration Form (2024-2025)

NAME BIRTH DATE	Last NAME	Middle NAME	Student's First NAME
paptismal certificate must be attached to	s or her official baptismal	as <u>not</u> baptized at Holy Cross, hi	RECORD of BAPTISM: If your child was nothing: this registration form.
Date	[Baptized at what Church?
?	ur home parish?	sh? If not, what is yo	Are you members of Holy Cross Parish? _
red	Church Received	t of: Reconciliation Year	My Child has received the sacrament of: F
ed	_ Church Received	Eucharist Year	
		School Attending	Grade in Fall 2024 Schoo
to child:	Relationship to child:		Main contact person(s):
-			Primary address to receive mailings _
		House # Street	
	Zip	ailings (if necessary)	City Secondary address to receive mailing
Street		gs (ii neeessaly)	secondary address to receive maning
	Zip		City
		2 nd Phone	Primary Phone
2	's Maiden Name	Mother	Mother's Name
nail addresses clearly. Please add ations – even in your spam folder!			
			Primary Email address:
			2 nd Email address:
sume all risk of personal injury, damage, and	ith Formation Office needs t gent for me to consent to m Ilf of my child, I assume all ri	other personal situations that the Fa other or representative to act as an a paid for minor problems. On the beha	
Date			Signature of parent/guardian
	\$25.00	Registration FEE:	
hester, NY 14612		able to: Holy Cross, 4492 I	Checks payable
Date	\$25.00 Lake Ave, Rochester,	Registration FEE:	Signature of parent/guardian