

Holy Cross – Family Faith Formation

Registration Form (2024-2025)

4492 Lake Ave.

Rochester, NY 14612 (585)-663-8000, ext. 3

1. Student name _____ Date of Birth _____

Age of child _____ School Attending _____ Grade in Fall 2024 _____

2. Student name _____ Date of Birth _____

Age of child _____ School Attending _____ Grade in Fall 2024 _____

3. Student name _____ Date of Birth _____

Age of child _____ School Attending _____ Grade in Fall 2024 _____

Main contact person(s): _____ Relationship to child: _____

Secondary contact person(s): _____ Relationship to child: _____

Primary mailing address _____

House # Street

CITY/TOWN

zip

Secondary mailing address (if applicable) _____

CITY/TOWN

zip

Primary Phone _____ 2nd Phone _____

Our primary means of communication is via email. Please write legibly and add our addresses to your contacts and watch carefully for our communications – even in spam!

Primary Email address: _____

2nd Email address: _____

3rd Email address: _____

Home Parish (where your family is registered at and regularly attends Mass) _____

Registration Fee: Please make check payable to Holy Cross Church. \$60 for one child, \$85 for two or more children.

Office use only: Payment amt. received _____ Check # _____ Cash _____ Date _____

The following child/ren is/are interested in preparing for these Sacraments:

1. Name _____ Sacrament _____
2. Name _____ Sacrament _____
3. Name _____ Sacrament _____

*I understand that sacramental preparation occurs **in addition to** basic faith formation (religious education). A minimum of 2 years of religious education is required to form the basis for preparation for a sacrament.*

Is there anyone to whom your child/ren MUST NOT be released _____

Special Situations regarding your child, that we should be aware of (Learning, Behavior Challenges, Medications, etc.)

List Here: _____

Does your child have any special talents or gifts that he/she might be willing to share (eg.: musical/artistic abilities)

List Here: _____

Are you interested in teaching our Catholic Faith ____ and/or assist in the classroom ____?

Health Information

Health Insurance Co. _____ Policy # _____

Physician _____ Phone # _____

Allergies _____

PERMISSION AND RELEASE FORM

I/we, the undersigned parents or guardians of _____ give permission for participation in Faith Formation/Youth Ministry related activities at the parish where instruction takes place. In the event of unforeseen accident or illness, I hereby grant permission to a staff member or representative to act as an agent and authorize medical examination, treatment, hospital care, or to administer first aid for minor problems. I understand the risk associated with involvement in group activities and assume full responsibility for any expenses incurred due to unforeseen personal injury. I also give permission for photographs of my child/ren to be taken and used for show & tell in church setting and/or bulletin.

Signature of parent/guardian _____ **Date** _____