

HOLY CROSS CHURCH
4492 Lake Ave. Rochester, NY 14612
**First Penance & First Communion
Registration Form (2024 – 2025)**

Child's Last Name: _____

Address: _____

Phone: _____ Zip: _____ E-mail Address: _____

Father's Name: _____

Religion: _____ Phone: _____

Mother's Name: _____ Maiden Name _____

Religion: _____ Phone: _____

Child(ren) Live(s) With: Both Parents _____ Mother _____ Father _____ Other _____

Name (s) of Child(ren) You Wish to Register:
(Indicate Child's last name if different)

1. Child's Name Age/Birthdate Baptism (Place/Date: **mm/dd/yy**)*

_____ ____/____ _____/_____

Grade/School ____/_____ Years of Religious Education ____

2. Child's Name Age/Birthdate Baptism (Place/Date: **mm/dd/yy**)*

_____ ____/____ _____/_____

Grade/School ____/_____ Years of Religious Education ____

Special Comments: _____

Please verify if you are a registered member of Holy Cross Church? yes no

If no, what parish are you a member of _____

FEE: \$50.00

Amount Received
Initials:

Date:

***If your child was not baptized
at Holy Cross, a copy of his/her
Baptismal Certificate MUST
be attached to this registration
form.**