

# Holy Cross – Home Study--Registration Form 2024

Holy Cross Church  
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 \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_

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*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: \_\_\_\_\_

2<sup>nd</sup> Email address: \_\_\_\_\_

3<sup>rd</sup> 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 \_\_\_\_\_