



Holy Cross Church
30 Ward Avenue, Rumson, N.J. 07760

Religious Education Registration Form

Please print or type all information below. Thank you.

Student Name: _____
Last *First*

Address: _____
Street *Town* *State* *Zip*

Home Phone: (____) _____ Birth Date: _____ Sex: M ___ F ___

Mother's Cell: _____ Father's Cell: _____

Parent E-mail Address: _____ Envelope # _____

Students Grade for 2018-2019 school year: _____ School: _____

Session Choice

Grades 1 & 2 Sundays, 9:00 to 10:15 am _____ Grades 1&2 Tuesdays, 4:00 to 5:15 pm _____

Grades 3-6 Sundays, 9:00 to 10:15 am _____ Grades 3-6 At Home Online Learning _____

Confirmation Prep Yr. 1 (Gr.7) Mondays 6:30 -8:15 pm (twice a month) _____

Confirmation Prep Yr. 2 (Gr.8) Sundays 4:15 to 8:00 pm (monthly) _____

Parish/School attended last year for Religious Education:

Name: _____ Town: _____

<u>Sacramental Record</u>	
	Date
	Church
	Location
Baptism*	_____

First Reconciliation	_____



Family Information

Mother's Name: _____ Work Phone: (____) _____
Last Name / First Name

Maiden Name: _____ DECEASED

Religion: _____

Father's Name: _____ Work Phone: (____) _____
Last Name / First Name

Religion: _____ DECEASED

Legal Guardian, if different than above:

Name: _____ Home Phone: (____) _____
Last Name / First Name

Maiden Name: _____ Work Phone: (____) _____

Address: _____
Street Town State Zip

Health Information

For your child's benefit, please list any specific physical, medical learning needs or food allergies.

Does your child have an I.E.P. yes no

Learning Needs: _____

Other - Please Explain: _____

If your child has any medical conditions please explain: _____

May we share this information with your child's teacher? YES NO

Are there any other special instructions? (i.e. transportation, etc.) _____

Are there any custodial issues? If yes, please explain: YES NO

Custodial Parent: _____

Promotional Release

I also consent to the use of any videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or the parish. I understand that these materials are being used for promotion of the parish Religious Education programs and/or activities, which may include recruitment and fundraising efforts.

Parent/Legal Guardian Signature: _____ Date: _____

Tuition: \$200 per child Grades 2 & 8: \$300 per child (Tuition \$200 + Sacrament fee \$100)

Office Use Only

Amount Received _____ Cash _____ Ck# _____ Date Received _____



Holy Cross Religious Education EMERGENCY CONTACT FORM

Please print or type all information below. Thank you.

Student's Name: _____
Last First Middle

Parent/Guardian's Name: _____
Last First Middle

Address: _____
Street Town State Zip

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Email: _____

Please indicate below the person's to be contacted in the case of an emergency (when the parent/guardian/spouse cannot be reached):

1. Name: _____ Phone: (____) _____

Address: _____ Town: _____

Relationship: _____

2. Name: _____ Phone: (____) _____

Address: _____ Town: _____

Relationship: _____

Are there any health conditions of which we should be aware? If so, please explain:

Parent/Legal Guardian Signature: _____ **Date:** _____