

2017-2018

HOLY CROSS CATHOLIC CHURCH
Parish Religious Education (1-8) Registration Form

Family Name: _____

Father's Name: _____ Mother's Name: _____

Mailing Address: _____ City: _____

Zip: _____ Phone Number(s): _____

E-mail: _____

In case of emergency, and if unable to contact the parent (guardian), please contact:

(Name) (Relationship) (Phone #)

Insurance Co: _____ Policy #: _____

Primary Care Physician: _____ Ph. #: _____

Child's Name: _____
(First) (Middle) (Last)

Date of Birth: _____ School Attending: _____ Grade: _____

Baptized: No Yes Date: _____ Location: _____

1st Communion: No Yes Date: _____ Location: _____

Confirmation: No Yes Date: _____ Location: _____

Any pre-existing or present medical conditions or concerns? Any allergies?

PARENTAL AGREEMENT

(Must be signed by a parent or legal guardian)

I am enrolling my child/children in the Holy Cross Religious Education Program. I understand that as a parent, I am primarily responsible for the on-going religious formation of my child, including regular attendance at Mass, reception of the sacraments, participating in the life of the parish, and ensuring my child regularly attends religious education classes.

Per Diocesan Norms: Students desiring to receive the Sacraments must attend PRE on regular basis (80%) during the two years of preparation.

1st & 2nd Grades – First Communion/Reconciliation Preparation

7th & 8th Grades – Confirmation Preparation

In order to be well formed in The Catholic Faith, our children should attend religious education classes on a regular basis from 1st – 12th grade. Those wishing to instruct children in the home (instead of in our PRE program) must show a curriculum of instruction to Father Chris.

I give my permission for this parish and our PRE personnel to photograph or videotape my child(ren) while participating in PRE Activities and understand that these may be published in the church bulletin, website, social-media or in the newspaper. **If I do not give my permission for this, I have attached my decline in writing.**

I give church staff and/or PRE volunteers permission to seek emergency medical treatment for my child(ren) if the need arises while he/she is in their care. I agree to defend, protect, indemnify and hold harmless **Holy Cross Catholic Church and School** and the **Diocese of Memphis** against and from any and all claims arising from my child's participation in this activity and/or the negligence of any participants, agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above named activity.

Additionally, I agree to protect, defend, hold harmless and fully indemnify **Holy Cross Catholic Church and School** and the **Diocese of Memphis** for any claim or cause of action whatsoever arising out of the above mentioned activity that is brought against **Holy Cross Catholic Church and School** or the **Diocese of Memphis** by anyone related to me or acting on my behalf, other classmates, or their family members whether such claim arises from the alleged negligence of **Holy Cross Catholic Church and School the Diocese of Memphis**, its employees or agents.

Signature: _____ **Date:** _____