

HOLY CROSS CATHOLIC CHURCH
Parish Religious Education (K-12) Registration Form
2013-2014

Last Name: _____

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

Mailing Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Cell Phone: _____ 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. #: _____

*I understand that it is the primary responsibility of the parents to serve as first catechists of their children. I will not only reinforce what is being learned through PRE, but will take responsibility for this primary instruction, especially through **regular Sunday Mass attendance.***

Per Diocesan Norms: Students who wish to receive Sacraments, (First Communion, Reconciliation, and Confirmation) MUST have attended PRE on a regular basis for at least 1 year prior to the preparation year of receiving the Sacrament. Students who wish to enroll in 2nd grade or 8th grade classes without having attended classes the year before will be placed in the one grade lower to fulfill that requirement.

Those wishing to instruct children in the home must show a curriculum of instruction to Father Kris.

In case of emergency and inability to contact either me or the one I have designated on this form, I grant permission to Holy Cross Catholic Church to secure proper medical treatment for my child/ward. I hereby agree to not hold the Catholic Diocese of Memphis, Holy Cross Catholic Church, its leaders, employees and volunteer staff liable for damages, losses, diseases or injuries incurred by the subject.

(Signature of Parent/Guardian) (Date)

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?

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?

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?

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?

