

# The Parish of the Holy Cross

95 Old Nichols Rd, Nesconset, NY 11767

(631) 265-2200

religious@holycrossrc.org

PLEASE PRINT CLEARLY

FOR OFFICE USE ONLY:

Level (s) \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amt: \_\_\_\_\_ Csh/Ck# \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## RELIGIOUS EDUCATION (1—8) NEW REGISTRATION FORM 2025-2026

Mail to be sent to: (circle one) Mr & Mrs, Mr, Mrs, Ms \_\_\_\_\_

First Name

Last Name

Address: \_\_\_\_\_

street

city

zip

Email address: \_\_\_\_\_ Mom Cell# \_\_\_\_\_ Dad Cell# \_\_\_\_\_

first name

(maiden name)

last name

\*Marital  
Status:

Religion:

Occupation:

Home Phone:

Work Phone:

Mother:						
Father:	XXXXXXXX					

*\*Marital Status Key: (M) Married; (Sep) Separated; (D) Divorced; (W) Widowed; (S) Single; (R) Remarried \*If you indicate divorced, separated, remarried or single Holy Cross requires you complete additional paperwork. Please come into the Religious Education Office.*

**CHILD INFORMATION:** NAME: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

first name

last name

Date of Baptism: \_\_\_\_\_ Church / Address of Baptism: \_\_\_\_\_

*\* please include a copy of Baptismal Certificate if not Holy Cross*

Grade in Sept: \_\_\_\_\_ School in Sept: \_\_\_\_\_ Special Considerations: (class requests, etc) \_\_\_\_\_

Food Allergies or Health Concerns: \_\_\_\_\_ Siblings in Rel Ed.: \_\_\_\_\_  
(also see box below.) (first name(s), level (s) )

PREVIOUS RELIGIOUS EDUCATION: Parish: \_\_\_\_\_ Town: \_\_\_\_\_ Level(s) Completed: \_\_\_\_\_

OTHER SACRAMENTS RECEIVED: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

**Please return completed form to The Parish of the Holy Cross.**

**RELIGIOUS ED FEE (Levels 1 – 8):**

\$175 for one child

\$275 for two or more children

*I agree to pay: (must check one)*

\_\_\_\_\_ in Full Now OR

\_\_\_\_\_ in Partial Payments during the year

*(Catechists receive a 50% discount on their tuition)*

**We now accept Credit Cards. Please come to the Office.**

**(ALL payments should be received by 12/31. If the fee presents a financial hardship for your family, please contact us.)**

\*\*\*\*\* **SEE REVERSE SIDE FOR MORE INFORMATION** \*\*\*\*\*

Does your child have an **IEP**? If so, please indicate how we can best meet his/her needs. All information will be kept in confidence. \_\_\_\_\_

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