

**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 2026-2027**

**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:

<b>Mother:</b>							
<b>Father:</b>	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 **I agree to pay: (must check one)**  
 \$275 for two or more children \_\_\_\_\_ 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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Email: religiouised@holycrossrc.org

**RELIGIOUS EDUCATION REGISTRATION FORM 2026-2027**

**\*\* Catechists Needed \*\***

**Please consider being a Catechist for our children.**  
We provide training and support. If you are interested please  
give your name and the grade level you would like to teach.

Name: \_\_\_\_\_ Levels: \_\_\_\_\_

**Photo/Video Permission and Release Form 2025-2026**

I hereby grant permission, without reservation, to **The Parish of the Holy Cross**, and to those authorized by **The Parish of the Holy Cross**, to take photographs and to make recordings of my child or children named below, and to use them in original or modified form in all media now or hereafter known, (including, without limitation, websites, bulletins, newsletters and promotional brochures) with or without name or information, solely for the promotion, public education, and /or fundraising activities of **The Parish of the Holy Cross**. I understand and agree that I am entitled to receive no compensation for the above.

I release **The Parish of the Holy Cross**, its officers, directors, agents, employees, independent contractors, licensees and assignees from all claims that I now have or in the future may have, relating to the above. I further agree that **The Parish of the Holy Cross** will be sole owner of all tangible and intangible rights in the abovementioned photographs and recording, with full power of disposition.

I am the parent or guardian of the minor (s) names below, and I hereby consent to the foregoing on behalf of the minor(s) and myself.

Name(s) of Child/Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I decline permission: \_\_\_\_\_

**Photos may be reproduced in the Parish Bulletin. Photos will never be placed on the Internet.  
Please indicate you decline on this form if you do not wish your children to be in ANY photos.**