95 Old Nichols Rd, Nesconset, NY 11767 (631) 265-2200 religioused@holycrossrc.org

PLEASE PRINT CLEAF	RLY

FOR OFFICE USE ONLY:	
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Date: / / Amt:

Csh/Ck#

Level (s)_

DATE: ____/___/

RELIGIOUS EDUCATION (1—8) <u>NEW REGISTRATION</u> FORM 2024-2025

Address:
Interest Zip Email address:
first name (maiden name) last name *Marital Status: Religion: Occupation: Home Phone: Work Phone: Mother:
first name (maiden name) last name Status: Religion: Occupation: Home Phone: Work Phone: Mother:
Father: XXXXXXXX Image: constraint of the seligious conseligious constraint of the seligious constraint of th
'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:
CHILD INFORMATION: NAME:
Date of Baptism:
Date of Baptism:
Food Allergies or Health Concerns: (also see box below.) Siblings in Rel Ed.: (first name(s), level (s))
Food Allergies or Health Concerns: (also see box below.) Siblings in Rel Ed.: (first name(s), level (s))
PREVIOUS RELIGIOUS EDUCATION: Parish: Town: Level(s) Completed:
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):
confidence.
150 for one child I agree to pay: (must check one)
230 for two or more childrenin 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.)

The Parish of the Holy Cross

95 Old Nichols Rd, Nesconset, NY 11767 (631)265-2200,fax:265-2229 Email: religioused@holycrossrc.org

RELIGIOUS EDUCATION REGISTRATION FORM 2024-2025

** 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					

Photo/Video Permission and Release Form 2024-2025

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.