

**The Parish of the Holy Cross**

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

PLEASE PRINT CLEARLY

<b>FOR OFFICE USE ONLY:</b>		Level (s) _____
Date: ___/___/___	Amt: _____	Csh/Ck#/ _____
		Entered _____
		Copied _____

**RELIGIOUS EDUCATION RE-REGISTRATION FORM 2022-2023**

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

**Mailing Address:** (circle one) Mr & Mrs, Mr, Mrs, Ms \_\_\_\_\_

**Address:** \_\_\_\_\_  
street city first name last name

**Email address:** \_\_\_\_\_  
street city zip  
**Mom Cell#** \_\_\_\_\_ **Dad Cell#** \_\_\_\_\_  
**Best number to reach you: Home or cell ? (please circle one)**

**(Required)**

**PARENT / GUARDIAN INFORMATION:**

(first name) (maiden name) (last name) \*Marital Status: Home Phone: Work Phone:

<b>Mother:</b>					
<b>Father:</b>	*****				

**\*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. See item #5 in letter.

Is there any change in home life?(i.e. illness, death, divorce) All information will be kept in confidence. \_\_\_\_\_

**CHILDREN INFORMATION:** List each child up to and including Level 8. No New Registrants on this form.

Please note: A New Registration Form, attained from the Parish Office or our website, must be filled out for any child new to the program.

	(first name)	(last name)	Sex	Grade in Sept	School attending in September	Level in Sept.	Food Allergies or Health Conditions- Please indicate all. A separate form may be needed.	Requests: (Catechist, day, time, etc...)
1								
2								
3								

**Please return completed form to The Parish of the Holy Cross and include the Rel. Ed. Fee (Make Online Payments out to Holy Cross Religious Education )**  
**RELIGIOUS ED FEE (Levels 1 – 8):**

**I agree to pay: (must check one)**  
**\$150 for one child** \_\_\_\_\_ in Full Now OR  
**\$230 for two or more children** \_\_\_\_\_ in Partial Payments during the year  
 (Catechists receive a 50% discount on their tuition)

(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**\*\*\*\*\*

Do any of your children have an **IEP**? If so, please indicate which child and how we can best meet their needs. All information will be kept in confidence. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**RELIGIOUS EDUCATION REGISTRATION FORM 2022-2023**

**\*\* 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 2022-2023**

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.**