

The Parish of the Holy Cross

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

PLEASE PRINT CLEARLY

FOR OFFICE USE ONLY: Level (s) _____
 Date: ___/___/___ Amt: _____ Csh/Ck# _____

RELIGIOUS EDUCATION RE-REGISTRATION FORM 2024-2025

DATE: ___/___/___

Mailing Address: (circle one) Mr & Mrs, Mr, Mrs, Ms _____
first name last name

Address: _____
street city zip

Email address: _____ **Mom Cell#** _____ **Dad Cell#** _____

PARENT / GUARDIAN INFORMATION:

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

Mother:					
Father:	*****				

***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.

RELIGIOUS ED FEE (Levels 1 – 8):

\$150 for one child
 \$230 for two or more children
 Catechists receive a 50% discount

I agree to pay: (must check one)
 ___ in Full Now OR ___ Partial Payments during the year

We accept Credit Cards. Please come to the Parish 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*******

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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**** 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 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.**

