

Holy Cross Church
Parish Religious Education Program
 P.O. Box 624 Sheridan AR 72150 (870) 534-4701

PRE Registration

STUDENT INFORMATION

Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth _____ Place of Birth _____

Address _____ (City) _____ (State) _____
 City, Zip Code _____

Telephone _____ Are you registered at Holy Cross Church? _____

Grade entering this fall: _____ School attending: _____

PARENT INFORMATION

E-Mail _____

Father's Name: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Father's Religion: _____ Home Phone: _____

Address (if different from above) _____

Mother's Name: _____ Maiden Name: _____

Place of Employment: _____ Cell or Work Phone: _____

Mother's Religion: _____ Home Phone: _____

Address (if different from above) _____

Email Address _____

EMERGENCY INFORMATION

In case of emergency, please contact:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Allergies, health or physical needs we should know about: _____

SACRAMENTAL INFORMATION (Please supply copies)

	Date	Parish	City/State
Baptism			
First Communion			
Confirmation			

If you are new to our parish, please provide the parish name, address and date of the last religious class your child attended: _____

HOW

I _____ give permission to Holy Cross Church,

Sheridan Arkansas to use photos of my child _____ in their Facebook page, newsletter and Holy Cross Website. I understand that his/her name will not be used to identify my child.

Please provide an e-mail for use by PRE. (Here or on the front of this page) We would like to send reminders by e-mail of days off or days your child is scheduled to serve in the Youth Mass, Stations of the Cross etc... Thank you.
