



**Holy Cross Church**  
**30 Ward Avenue, Rumson, N.J. 07760**  
**Religious Education Registration Form**

*Please complete one form for each child. Print or type all information below. Thank you.*

Student Name: \_\_\_\_\_  
*Last* *First*

Address: \_\_\_\_\_  
*Street* *Town* *State* *Zip*

Home Phone: (\_\_\_\_) \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_ Envelope # \_\_\_\_\_

Students Grade for 2022-2023 school year: \_\_\_\_\_ School: \_\_\_\_\_

**Session Choice**

Grades 1 & 2 Sundays, 9:00 to 10:15 am \_\_\_\_\_ Grades 1 & 2 Tuesdays, 4:00 to 5:15 pm \_\_\_\_\_

Grades 3-6 Sundays, 9:00 to 10:15 am \_\_\_\_\_ Grades 3-6 At Home Learning \_\_\_\_\_

Confirmation Prep Yr. 1 (Gr.7) Mondays 6:30 -8:15 pm (twice a month) \_\_\_\_\_

Confirmation Prep Yr. 2 (Gr.8) Sundays 4:15 to 8:00 pm (monthly) \_\_\_\_\_

**Family Information**

Mother's Name: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
*Last Name / First Name*

Maiden Name: \_\_\_\_\_  DECEASED

Religion: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
*Last Name / First Name*

Religion: \_\_\_\_\_  DECEASED

Legal Guardian, if different than above:

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
*Last Name / First Name*

Maiden Name: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
*Street* *Town* *State* *Zip*

Parish/School attended last year for Religious Education: \_\_\_\_\_

Town: \_\_\_\_\_

### Sacramental Record

	Date	Church	Location
Baptism*	_____	_____	_____
First Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

\_\_\_\_ \*Other: Baptized in another denomination

\_\_\_\_ Profession of Faith

\_\_\_\_ Full Initiation (*Baptized after age 7*)

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*\*Please attach copy of Baptismal Certificate if your child was NOT baptized at HC Parish.*

### Health Information

For your child's benefit, please list any specific physical, medical learning needs or food allergies.

Does your child have an I.E.P. yes  no

Learning Needs: \_\_\_\_\_

Other – Please Explain: \_\_\_\_\_

If your child has any medical conditions please explain: \_\_\_\_\_

May we share this information with your child's teacher? YES  NO

Are there any other special instructions? (*i.e. transportation, etc.*) \_\_\_\_\_

Are there any custodial issues? If yes, please explain:  YES  NO

Custodial Parent: \_\_\_\_\_

#### Promotional Release

I also consent to the use of any videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or the parish. I understand that these materials are being used for promotion of the parish Religious Education programs and/or activities, which may include recruitment and fundraising efforts.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Tuition: \$200 per child**

**Grades 2 & 8: \$300 per child (Tuition \$200 + Sacrament fee \$100)**

*Office Use Only*

Amount Received \_\_\_\_\_ Cash \_\_\_\_\_ Ck# \_\_\_\_\_ Date Received \_\_\_\_\_



## Holy Cross Religious Education FAMILY EMERGENCY CONTACT FORM

*Please print or type all information below. Thank you.*

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_  
*Last First*

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_  
*Last First*

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_  
*Last First*

Parent/Guardian's Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street Town State Zip*

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Please indicate below who to contact in the case of an emergency (when the parent/guardian/spouse cannot be reached):**

1. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Are there any health conditions of which we should be aware? If so, please explain:**

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**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_