**2025-2026**

 **STUDENT Registration Form**

**Holy Cross Parish CCD**

Please complete front and back.



Parish ID #:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family Name** | **Address** | **City, State** | **Zip** | **Home Phone Number** |
|  |  |  |  |  |
| **Student Last Name** | **Student First Name** | **Student’s Date of Birth** | **Student’s Place of Birth** | **Male/Female** | **Grade Entering\*** | **School Currently Attending** |
|  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Date of Baptism** | **Church Name where Baptized** | **Church Address where Baptized include City, State, Zip Code** | **Student lives with** | **Any notes regarding custody of student/custodial parent\*\*** |
|  |  |  |  |  |

 **\*1st grade registration forms must be accompanied by Baptism Certificate.**

 **\*\*Please attach any information regarding custody/custodial parent/guardian**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Mother’s Name** | **Mother’s Maiden Name** | **Marital Status** | **Home Address (if different than student’s address)** | **Phone Numbers** | **Email Address** |
|  |  |  |  | **Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Father’s Name** | **Marital Status** | **Home Address (if different than student’s address)** | **Phone Numbers** | **Email Address** |
|  |  |  | **Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **Are there any health conditions, allergies?** |  |
|  **Are there any behavioral or educational traits (ADHD, ADD, autism, etc.) or other information pertaining to your child which would be helpful for his/her teacher?** |  |

|  |  |
| --- | --- |
| **Any other comments or information pertaining to you child which would be helpful for the teacher?** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Student’s Past Religious Education** | **K 1 2 3 4 5 6 7** **(please circle grade completed)** |  **Parish Name** | **Parish City, State** |
|  |  |  |  |

**EMERGENCY CONTACTS (Please print clearly)**

1ST Emergency Contact:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Emergency Contact if unable to reach 1st Emergency Contact listed:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_ Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.

**RELEASES**

Child(ren)'s Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am a parent or guardian of the above listed child(ren) and do hereby grant permission to use my child(ren's) picture('s), video, image, and any artwork created during the Religious Education program on the church's website, video, publications, diocesan newspaper, and any of the church's publicity information, newsletters, and bulletins.

 Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| *For OFFICE USE ONLY* |  |  |  |
| *Date Rec'd\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |
| *Bap. Cert. Rec'd Y N n/a Verified\_\_\_\_\_\_\_ Pastor Letter: Y N* |
|  |
| *Parish ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entered on PDS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |