

*Holy Cross PSR Student Registration Form

Student's name _____

Parents' names _____

Address _____

Phone _____ Cell _____

E-mail _____

Child's birth date _____ Age _____ Grade _____

Does your child have any special needs in the learning environment? (Allergies, learning style, etc.) _____

Student's interests (sports, hobbies, etc.) _____

Sacraments received:

 **Baptism Where? _____ When? _____

 Mother's maiden name: _____

 First Reconciliation Where? _____

 First Eucharist Where? _____

 Confirmation Where? _____

I give permission to use photos of my child in the parish bulletin, on the Holy Cross website, and in the Catholic Times. Please circle: Yes No

(Parent's Signature)

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*Please use one form per child. Thanks!

** If your child will be making First Communion or Confirmation this school year, please fill out the date of Baptism and the mother's maiden name. This assists our office staff in registering these sacraments with the baptismal church (the parish of record).