

# HOLY CROSS & ST. PATRICK'S FAMILY

9719, State Rte, 97 \* Callicoon, NY 12723-0246

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## **REGISTRATION FORM FOR RELIGIOUS EDUCATION**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Registration for Grade \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Email: \_\_\_\_\_

Is the Student a baptized Roman Catholic? Yes \_\_\_\_\_ No \_\_\_\_\_

**\* Please note: A copy of the Baptism Certificate must be attached to this registration form.**

Public/Private School Student attends \_\_\_\_\_

Required information: Our Family is registered in St. Holy Cross & St. Patrick's Parish. \_\_\_\_\_

Our Family is not registered in a Parish. \_\_\_\_\_

Our Family is registered in the Parish of \_\_\_\_\_.

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***Parent Information:***

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Religion \_\_\_\_\_ Religion \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Name & cell# of caregiver who will pick-up your child: \_\_\_\_\_

**Permission for your child to go home alone: Please sign** \_\_\_\_\_

**Please attach any information about your child that you believe would be helpful. (Allergies- IEP)**

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EMERGENCY CONTACT PERSON If Parent is Unavailable

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Day Telephone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_