

HOLY CROSS & ST. PATRICK'S FAMILY

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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 _____.

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)

EMERGENCY CONTACT PERSON If Parent is Unavailable

Name _____

Relationship _____

Day Telephone# _____ Cell Phone# _____