

**HOLY CROSS CATHOLIC PARISH
CHRISTIAN FORMATION
2022-2023 Registration**

REGISTERED PARISHIONER at HOLY CROSS Yes No

All information is kept confidential.

PARENT INFORMATION (please print legibly)

FAMILY NAME: _____

Father's Name: _____ Cell Phone: _____

Religion: _____ Occupation: _____

Father Email: _____

Mother's Name: _____ Cell Phone: _____

Mother Email: _____

Mother's Maiden Name: _____

Religion: _____ Occupation: _____

Address: _____ City: _____ Zip _____

Please indicate preferred method of contacting parent in the event of an emergency or class closing:

Father's Cell Phone Mother's Cell Phone Email Other

Information may be shared with the Catechist Yes No

Who is responsible for getting the child(ren) to Christian Formation? _____

Emergency Contact: _____ Phone Number: _____

STUDENT INFORMATION: (age/grade student will be in September 2022)

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
NAME				
BIRTHDATE				
AGE				
GRADE				
SCHOOL ATTENDING				
BAPTISM DATE				
PARISH BAPTIZED				
1ST RECONCILIATION (DATE)				
1ST EUCHARIST (DATE)				

OVER

SPECIAL NEEDS: Please describe any special needs your child may require. (Include medical conditions, allergies, learning disabilities, and/or other physical conditions)

PERMISSION TO PUBLISH INFORMATION: Holy Cross Christian Formation Program has my permission to publish the name(s) and photo of my child(ren) in parish bulletins, newsletters, bulletin boards, and local newspapers.

Yes No

If Yes, please indicate the name(s) of your child(ren)

Information regarding your 4th-7th grade child(ren)'s name, address, gender, grade level, parish name and city will be shared with the Archdiocese of Milwaukee so Catholic schools can contact families regarding opportunities at their school.

X _____

Signature of Parent or Legal Guardian

IMPORTANT SACRAMENT INFORMATION:

- ❖ First Reconciliation will be celebrated in Grade 2
- ❖ First Holy Eucharist will be celebrated in Grade 2

Parents are required to actively participate in the Sacramental Family Formation classes to prepare their children for the Sacraments. Sacramental Family Formation classes will be made available when Christian Formation classes begin

- ❖ Confirmation will be celebrated in Grade 11

If your child will be entering the Christian Program at Third Grade or higher, and has not made his/her First Reconciliation and/or First Holy Eucharist, you will need to make special arrangements with the Christian Formation Coordinator.

PARENTAL INVOLVEMENT: Our Parish Christian Formation Program is based on Pope John Paul II's letter that states ;"Parents are the first and most important educators of their own children" Our relationship with parents is to partner with you in the faith formation of your children. You will be asked to assist with the Program during the year. This is also in compliance with the Archdiocese of Milwaukee.

FEES:

- 1 Child: \$100
- 2 Children: \$175
- 3 or More Children: \$225

There will be an additional charge for book fees for those students in the First Reconciliation and First Eucharist Programs (\$50 per child). There will be an additional charge for the Confirmation Retreat (\$100).

If the fees prove to be a hardship on any family, please contact the Parish Director or Coordinator of Christian Formation for a possible scholarship. This will be kept confidential.

For Office Use: Date Paid: _____ Amount Paid: _____ Check # _____ Cash: _____ Bapt Cert _____
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PARENT / LEGAL GUARDIAN PERMISSION SLIP 6153(b)
AND INDEMNITY AGREEMENT

Child / Ward: _____ Grade _____

Parish: **Holy Cross Parish**

Designated Supervisor of Activity: **Parish catechetical staff and volunteers**

Activity: **Holy Cross Christian Formation Program**

Date(s) of activity: **2022-2023 Catechetical year**

I consent to the participation of my child/ward in the above named activity. In consideration for my child/ward's participation, I agree to reimburse and indemnify the parish/school (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by parish/school in defending a lawsuit that I or my child/ward may bring against the parish/school which relates to the above named activity if the parish/school is found not legally liable by the courts and prevails in the lawsuit. If the parish/school is found legally liable for injuries sustained by child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the parish/school to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent / Legal Guarding Signature(s)

Date

Address

/_____
Phone number(s)

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____

Phone Number: _____

Medication authorized for use during the activity _____

Allergies _____

Physician _____ Phone _____

Health Insurance Company _____ Policy # _____

Please furnish medical information about your child/ward, which may be pertinent to his or her participation in the above-identified activity:

This form has been prepared by and is required by The Archdiocese of Milwaukee's Protected Self-Insurance Program. Questions should be directed to Catholic Mutual Group at 255-6906.

6153(b)

Archdiocese of Milwaukee

Photography Release

I hereby grant permission to Holy Cross Parish to use my child's photo on the parish website, parish bulletin, parish Facebook page, and any other promotional materials without further considerations.

My child's name will **not** be published on the parish website or parish Facebook page, but may appear in the parish bulletin.

Parent/Guardian Signature

Date