

Holy Cross Church  
750 Tahmore Drive  
Fairfield, CT 06825  
(203) 372-4595

**CCD/Religious Education Registration Form 2017/2018**  
**Grades 1st – 8<sup>th</sup> – Meet on Mondays 5:30 PM to 6:30 PM**

**CONTACT INFORMATION**

*Please fill out one per child*

Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Father's Religion: \_\_\_\_\_ Mother's Religion: \_\_\_\_\_

Cell/Work Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ # of years of Religious Ed \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Copy of Baptismal Certificate Attached:  Yes  No

Church of Baptism: \_\_\_\_\_ City/State: \_\_\_\_\_

Date of 1<sup>st</sup> Confession: \_\_\_\_\_ Church \_\_\_\_\_ City/State: \_\_\_\_\_

Date of 1<sup>st</sup> Holy Communion: \_\_\_\_\_ Church \_\_\_\_\_ City/State: \_\_\_\_\_

Are you a registered member of another Parish?  No  Yes If yes, What Parish? \_\_\_\_\_

Would you like to become a member of Holy Cross?  Yes  No

I wish to volunteer as a  Catechist  Assistant Catechist

Please list any allergies, learning disabilities (i.e. ADD, ADHD, anxiety, dyslexia) or any health problems that may affect your child in the classroom or activity participation: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent or Guardian*

**REGISTRATION FEES**

- \$150 – Single Child  
 \$170 – Two Children  
 \$190– Three or more Children

**ADDITIONAL SACRAMENT FEES**

- \$30 – First Holy Communion & Confession  
 \$40 -- Confirmation

**OFFICE USE ONLY:** DATE RECEIVED: \_\_\_\_\_ AMOUNT RECEIVED: \$ \_\_\_\_\_ BALANCE DUE: \$ \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_