



Holy Cross Parish
 Blessed Sacrament Church, 3012 Jackson Street, Sioux City, Iowa 51104-2742
 St. Michael Church, 2223 Indian Hills Drive, Sioux City, Iowa 51104-1605
 712-277-2949

Holy Cross Parish Religious Education Registration Form 2020-2021

Student Name	Grade in 2020-2021	Circle sacraments already received	Circle grade your child has attended religious education classes	Please provide any medical information or any information you think we should know about.
		Baptism Reconciliation Eucharist	1 st 2 nd 3 rd 4 th 5 th 6 th 7 th 8 th 9 th	
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Are you currently registered at Holy Cross Parish? Y / N

If you answered "No"- to what parish do you belong? _____

Have you discussed attending the Holy Cross Program with your pastor? _____

Parent/Guardian Information

Mother/Guardian Name: _____

Mother's Phone Number: _____ Mother's Email: _____

Father/Guardian Name: _____

Father's Phone Number: _____ Father's Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact information

Emergency Contact Person: _____ Relationship to student: _____

Emergency Contact Person's phone number(s): _____

Holy Cross Parish Religious Education Program Fees:

- ☐ \$85.00 for 1 Student in PREP
- ☐ \$170.00 for 2 Students in PREP
- ☐ \$225.00 for 3+ Students in PREP

Fees are due and should be paid at the time of registration. A late fee of \$10 per child will be added for registrations that are not submitted BEFORE the day PREP classes begin. Fees must be paid for your child to attend PREP. If your financial circumstances make that impossible, please contact Darby Young at Darby@holycrossSC.org or 712-277-2949 ex. 103.

Baptismal Information

If your child will be receiving the sacraments of Reconciliation and Eucharist for the first time this year, please fill out the baptismal information below. If your child was not baptized at Blessed Sacrament or St. Michael, please forward a copy of your child's baptismal certificate to Darby Young at Darby@holycrossSC.org or mail it to Holy Cross Parish, 3012 Jackson Street, Sioux City, IA 51104.

Child's Name: _____ Date of Birth: _____

Church & City of Baptism: _____ Date of Baptism: _____

Father's Name: _____ Mother's Maiden Name: _____

AUTHORIZATION

As parents, you are the primary teacher of your children. The Parish Religious Education Program is available to assist you with the test of teaching your child about our Catholic faith. However, PREP cannons and should not take the place of parents in passing on the faith. All parents are responsible for bringing their children to Mass each weekend and participating in the sacraments. We also expect parents to assist in the classrooms of their children when asked to do so.

I authorize my child/ren, names on this form, to attend religious education classes and activities at Holy Cross school buildings, Churches, and Parish Centers from August 2020 thought May 2021.

Signature of parent/Legal Guardian Date

For office use:

Payment Amounts: _____ Date: _____ Check #: _____ or Online _____

Notes: