

FIRST EUCHARIST ENROLLMENT FORM
FOR CATHOLIC SCHOOL CHILDREN

Holy Cross Catholic Church
Candidate Information ~ Please Print Clearly

Preferred First Name: _____ Last Name: _____

Name as it appears on the Baptismal Certificate: _____

Address _____ Zip _____

Phone _____ Birth date _____ Age _____

Grade _____ School _____

Father's Full Name _____
(First) (Middle) (Last)

Mother's Full (Maiden) Name _____
(First) (Middle) (Maiden)

Was the Candidate baptized in the Catholic Church? ___ Yes ___ No

Church of Baptism _____

Address ~ _____
If Not Holy Cross (Complete address – street number, street name, city, state, & zip code)

Date of Baptism _____

BAPTISMAL CERTIFICATE IS REQUIRED. * Please enclose with registration form**

Program and location of Religious Instruction:
for 1st Grade _____
to be received in 2nd Grade _____

Parent's Email Address _____

Parent's Mail should be addressed as: _____
(i.e. Mr. & Mrs.)

Registration Forms are due by September 1, 2011. Forms may be dropped off or mailed to:
Holy Cross Catholic Church 3175 Hathaway Court Atlanta, Ga 30341 attn: Aida Buzeta
FEE: \$25.00 if not registered in Religious Education at Holy Cross
Checks payable to Holy Cross

For Office Use Only:

Check # _____ Amount _____