

Holy Cross Religious Education Registration 2011—2012

3175 Hathaway Court, N. E. Atlanta, Georgia 30341
770 939-3501

Elementary Age Option

Families must be registered at Holy Cross in order to register children for Religious Education

Family e-mail: _____ <input type="checkbox"/> Check if new email address Family Name: _____ Address: _____ City: _____ Zip: _____	Home Phone: _____ Father's Name: _____ Religion: _____ Cell Phone: _____ Mother's Name: _____ Religion: _____ Cell Phone: _____
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If we have any questions about this registration, may we call you at your cell number? Yes No

Email address (**please print clearly**) _____

* E-Mail and Sunday bulletin are our primary form of communication for Religious Education updates.

Legal Custody granted to: Father Mother Both / Joint Other, please explain

Registration Fees - Check or Money Order payable to Holy Cross School of Religion, **NO CASH**

For payments received by July 31, 2011	For payments received after August 1, 2011
\$50.00 per child	\$60.00 per child
\$125.00 family maximum	\$150.00 family maximum

Payment plans available, please speak with Barb Garvin or Aida Buzeta

	Child #1	Child #2	Child #3
First & Last Name			
Age on 9/1/2011			
Grade— Fall 2011			
Sex (circle one)	M F	M F	M F
Check all sacraments your child has celebrated.	<input type="checkbox"/> Catholic Baptism If not Catholic, please list Denomination _____ <input type="checkbox"/> Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Catholic Baptism If not Catholic, please list Denomination _____ <input type="checkbox"/> Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Catholic Baptism If not Catholic, please list Denomination _____ <input type="checkbox"/> Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation
Session Choice	<input type="checkbox"/> Sunday: 10:15—11:25am <input type="checkbox"/> Wednesday 6:15– 7:30pm	<input type="checkbox"/> Sunday: 10:15—11:25am <input type="checkbox"/> Wednesday 6:15– 7:30pm	<input type="checkbox"/> Sunday: 10:15—11:25am <input type="checkbox"/> Wednesday 6:15– 7:30pm

Office Use Only

CHECK#: _____ Money Order # _____ DATE _____ \$ _____ BY _____

Annual Medical Release Form For On-Site Incidents

I/We the undersigned, parent(s) or legal guardian of 1) _____, 2) _____, 3) _____, a minor, do hereby give consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment or procedures and hospital care which is deemed advisable by, and is suggested, recommended, prescribed, or directed by any physician or surgeon duly licensed to practice in the State of Georgia. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached.

Legal Guardian: _____ Emergency Phone: _____

Family Physician: _____ Phone: _____

Primary Medical Insurance Company: _____

Policy Number: _____ Phone: _____

Hospital Preference: _____

Parent or Legal Guardian Signature _____ Date: _____

	Child #1	Child #2	Child #3
Name:			
Phone:			
Birth Date:			
Last Tetanus/Diphtheria Booster:			
Allergies to drugs or food:			
Any special needs, medication or pertinent information:			

Parents please read and initial each section, then sign below:

_____ I understand that my child(ren) share(s) the obligation of all Catholics to attend Mass on Sundays and Holy Days, and that the religious education program at Holy Cross is designed to promote **participation in mass** and **participation in religious education** by the whole family. **I ACCEPT the responsibility of bringing my child(ren) to Mass as a sacred duty. I further understand that Children who do not regularly participate in Sunday Mass may not be admitted to First Eucharist or Confirmation.**

_____ I / We hereby grant permission for publication of group (two or more persons) photo taken at youth events.

_____ I / We hereby grant permission for my child(ren) to participate in the Archdiocese of Atlanta program "You Matter." This program reaffirms God's love for each person and discusses how each of us has the right to be treated respectfully by others. Training will be conducted yearly for Kindergarten, 4th, and 9th as well as children new to PSR across grades. Materials for review are listed below:

Grades K-3 <http://www.archatl.com/offices/cyp/materials/ColoringBookK-3.pdf>

Grades 4-8 <http://www.archatl.com/offices/cyp/materials/ActivityBook4-8gr.pdf>

Grades 9-12 <http://www.archatl.com/offices/cyp/materials/teens.htm>

Parent Signature _____ Date _____