

Holy Cross Parish
Religious Education Program (P.R.E.P.)
641 E. Springfield Rd., Springfield, PA 19064
****NEW Email: PREPHolyCross@gmail.com**
Website: www.HolyCrosscatholics.org

Returning Student

Registration Form – 2022-2023

One form per student. Print clearly.

Date of enrollment _____ Sex _____ Date of Birth _____

Student Name: _____

Address: _____

Street

City

Zip Code

Home Telephone # _____ E-Mail _____

(add the e-mail address that is checked regularly as info may be sent home weekly.)

Father's Name: _____ Cell Phone #: _____

Mother's First & Maiden Name: _____ Cell Phone #: _____

School attending in September 2022: _____ Grade: _____

Are you a registered parishioner of Holy Cross Parish? Yes or No.

If not, what parish do you belong? _____

Please notify us of any changes in your family since your initial registration... Emergency contact, Health issues etc.

Consent For Medical Care: **Please initial** _____ I give permission that, in my absence, my child whose name appears on this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at Holy Cross Parish.

Please initial: _____ I give permission for my child's picture to appear on the parish's website, bulletin boards, and newspaper articles in relation to events that happen in the parish.

Please initial: _____ I have read the PREP Handbook and agree to the requirement and expectation of the Holy Cross Religious Educational program (PREP). Handbook can be found at www.HolyCrosscatholics.org

Signature _____ Date _____

Office use only

Received: ____/____/____ Entered: ____/____/____ Baptismal Cert. Y/N

Payment Amount \$ _____ Ck # _____ Package sent: ____/____/____ Class _____