



Holy Cross
210 High Street Santa Cruz, CA 95060

REGISTRATION FORM
FAITH FORMATION

Child Name (1)

Legal Name

Last Name

Name

DOB

Place of Birth

Baptism Date

Baptism Place

Please bring a copy of the Baptism Certificate

School Grade

Have you attended another catechism program?

Where

Yes / No

Child Name (2)

Legal Name

Last Name

Name

DOB

Place of Birth

Baptism Date

Baptism Place

Please bring a copy of the Baptism Certificate

School Grade

Have you attended another catechism program?

Where

Yes / No

Child Name (3)

Legal Name

Last Name

Name

DOB

Place of Birth

Baptism Date

Baptism Place

Please bring a copy of the Baptism Certificate

School Grade

Have you attended another catechism program?

Where

Yes / No

Family Information

Father / Guardian Name _____

Address _____

Home Phone Street City Zip Code
 _____ _____ _____

Mother / Guardian Name _____

Address _____

Home Phone Street City Zip Code
 _____ _____ _____

Registration Fee is \$75 per child
Children preparing for Reconciliation and 1st Communion additional \$50

Faith Formation Office