



Holy Cross Faith Formation

7851 54th Avenue North St. Petersburg, Florida 33709

Phone 727-546-3315

www.holycrossrcc.com

Faith Formation Registration

Form and Payment (\$50/Student) Due by October 1, 2021

Last Name: _____ First Name: _____

Gender: (Circle) Male Female Date of Birth: ____/____/____ Age: _____

City of Birth: _____ State: _____ Country: _____

Baptism Information

Parish of Baptism: _____

Location (City, State, Country): _____

Date of Baptism: _____

Parental Information

Are you interested in volunteering? YES NO

Father's Full Name: _____

Mother's Full Name (Maiden): _____

Family Address: _____

City: _____ State: _____ Zip: _____

Contact Information

Primary Phone Number: _____

Primary Email: _____

Emergency Contact Name (Other than Parent): _____

Emergency Contact Number: _____

Student Information

Grade Level in 2021-2022: _____ Name of School: _____

Last Grade Level of Faith Formation: _____ (Please indicate if this is your child's first year)

Sacraments Your Child has Received:

- Baptism
- First Penance
- First Communion
- Confirmation

Does your child have any special needs (medical, learning disabilities, physical disabilities, etc.)?

Please list along with any additional comments: _____

Sacramental Preparation

Please circle below if you are planning on registering your child for a sacrament to be received during the 2021-2022 school year. Please note that two consecutive years of faith formation are required by the Diocese of St. Petersburg for your child to receive the sacraments of First Penance/First Holy Communion or Confirmation. We will need a separate sacramental registration form to be submitted. These forms (online or paper) can be found on our website:

- First Penance/First Holy Communion - \$50/Student
- Confirmation - \$50/Student
- RCIA (unbaptized children 7 years or older) - \$0/Student

Additional comments: _____

Emergency Consent

By submitting this form, you hereby authorize the following: if the parents or guardians cannot be contacted in case of serious injury or illness, I authorize the Faith Formation program to take such emergency action as may be deemed necessary, including the transportation of the student to a hospital or medical center. As a parent or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor(s) in the event of a medical emergency that, in the opinion of the attending physician, may endanger his/her life, cause disfigurement or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Parent Signature: _____ Date: _____