Please put an "X" by any new contact information.

St. Mary - Holy Cross Church

OUT OF PARISH Preschool - 10th Grade Religious Education 2026-2027

Registration Deadline: AUGUST 9, 2026

Date: _____

Parent Last & First: _____

Address: _____

_____

Email: _____

Phone: _____

Second Phone: _____

whose number: _____

Emergency Phone: _____

and contact name: _____

Preschool - 6th Grade: CHOOSE YOUR SESSION:

_____ *Wed. 4:30 - 6:00pm* _____ *Wed. 6:15 - 7:30pm*

_____ *Wed. 9:00 - 11:00am*

_____ I am interested in being a Co-Catechist for Preschool-6th

_____ *4:30pm* _____ *6:15pm* _____ *9:00am*

Fees discounted for Catechists!

_____ 7 & 8th Grade: EDGE, 2-3 Wednesdays *a month, 6:00-7:30pm*

_____ 9 & 10th Grade: Confirmation Prep *2 Sundays a month & 3 family meetings during the year, plus service opportunities.*

_____ I am interested in being a Youth Ministry Team Member

Fees discounted for Team Members!

Child	Age	Birthdate	Gender	Grade entering

Sacraments: Baptism: ____Y/N Penance: ____Y/N Eucharist: ____ Y/N Confirmation: ____ Y/N

Special Needs: allergies, medical, learning disabilities, physical disabilities:

_____

Child	Age	Birthdate	Gender	Grade entering

Sacraments: Baptism: ____Y/N Penance: ____Y/N Eucharist: ____Y/N Confirmation: ____Y/N

Special Needs: allergies, medical, learning disabilities, physical disabilities:

_____

Child	Age	Birthdate	Gender	Grade entering

Sacraments: Baptism: ____Y/N Penance: ____Y/N Eucharist: ____Y/N Confirmation: ____Y/N

Special Needs: allergies, medical, learning disabilities, physical disabilities:

_____

FEES

1 child: $140 2 children: $260

Family Max $300

Tuition Due: $_____

Tuition Paid: $_____

Full payment is preferred at time of registration.

If full payment is not made at this time, please circle one of the following payment options:

2 payments: 1st payment prior to first class, remaining balance due in October.

3 payments: 1st payment prior to class, 1/2 of remaining balance due in October, remaining balance due by February 1.

If registration fee assistance is needed, please see program coordinators.

Signature: _____