

# Holy Cross Catholic Community

**5650 Vista Blvd. Sparks, Nevada 89436 (775) 358-2544 Fax 626-8281**

Family Name (PLEASE PRINT)		Home Phone Number	Date Joined Holy Cross	Today's Date
Address [ ] Please check if new in last 12 months		Marital Status: [ ] Single [ ] Widowed [ ] Married [ ] Divorced		Place of Employment (For Emergency Use Only)
City	Zip Code	Which Mass (Liturgy) do you usually attend? [ ] Sat 5:00 pm [ ] Sun 10:30 am [ ] Sun 8:30 am [ ] Sun 4:30 pm [ ] Various		Head of Household place of work      Phone
Fax Number		Is your family registering to attend Family Catechesis? [ ] Yes      [ ] No		Spouse place of work (if applicable)      Phone
E-Mail Address		Please list an additional emergency phone if available: Name: _____ Phone: _____		
Do you want to receive Collection Envelopes: [ ] Yes [ ] No				

THIS SECTION MUST BE COMPLETED FULLY. PLEASE PRINT					PLEASE FILL IN COMPLETELY							Office Use Only		
FIRST NAME, MIDDLE INITIAL	SEX	BIRTHDATE			SCHOOL ATTENDING FOR CHILDREN LISTED	Grade in School	Catholic Yes/No	Baptized Y/N	1st Comm Y/N	Confirmation Y/N	Marriage Roman Catholic/Other Faith/Civil	RE Grade	RE Day	Paid
	M/F	M	D	Y										
HEAD OF HOUSEHOLD														
SPOUSE (IF APPLICABLE)														
CHILD/OTHER														
CHILD/OTHER														
CHILD/OTHER														
CHILD/OTHER														
CHILD/OTHER														
CHILD/OTHER														

IF YOU ARE REGISTERING A CHILD/CHILDREN FOR THE FIRST TIME IN OUR RELIGIOUS EDUCATION PROGRAM,  
PLEASE ATTACH A COPY OF THEIR BAPTISMAL CERTIFICATE.

**COMMENTS:**

**WHEN REGISTERING FOR RELIGIOUS EDUCATION OR FAMILY CATECHESIS BACK OF THIS FORM MUST BE FILLED OUT IN ORDER TO BE COMPLETELY REGISTERED**