



Office Use Only: Date _____ Ck # _____ Amount _____ Church Env # _____

Holy Cross Regional Catholic School

701 Locust Street • Collegeville, PA 19426 • 610-489-9434 • www.hcrc.school

(PLEASE PRINT)

Child's Last Name _____ Child's First Name _____

Child's Middle Name _____

Grade Entering **(2020-2021)** _____ Date of Birth _____ Male _____ Female _____

Address _____ P.O. Box _____

City _____ State _____ Zip _____

Home Phone _____

Public School District _____

Child's Place of Birth (City and State) _____ Religion of Child _____ Parish _____

Race: White _____ Black _____ Hispanic _____ Asian _____ Other _____

Two or more races _____

Parent Information: (PLEASE PRINT)

Father: (Last Name) _____ (First Name) _____ (Middle Initial) _____

Occupation: _____ Place of Employment: _____

Work Phone: _____ Cell Number: _____ E-Mail _____

Mother: (Last Name) _____ (First Name) _____ (Middle Initial) _____

Occupation: _____ Place of Employment: _____

Work Phone: _____ Cell Number: _____ E-Mail _____

EMERGENCY CONTACTS: (At least two are required)

1. (Full Name) _____ (Phone) _____
Relationship _____

2. (Full Name) _____ (Phone) _____
Relationship _____

3. (Full Name) _____ (Phone) _____
Relationship _____

PLEASE FILL OUT REVERSE SIDE

Spiritual Information (for Child):

Date of Baptism _____ Church & Address _____

Date of Penance _____ Church & Address _____

Date of First Eucharist _____ Church & Address _____

Date of Confirmation _____ Church & Address _____

Educational Information:

Name of School or Pre-School attended _____

Phone _____

Address: _____

Health Concerns: Please list any conditions that have been diagnosed for your child. Please include allergies, seizure disorder or any other chronic conditions to which we must be alerted. Please elaborate on medical form enclosed.

Please indicate the way your child will usually depart from school: BUS _____ CAR _____

CARES (After School Program) _____

Sibling Information:

(Name) _____ (Age) _____ (Date of Birth) _____ (School) _____

(Name) _____ (Age) _____ (Date of Birth) _____ (School) _____

(Name) _____ (Age) _____ (Date of Birth) _____ (School) _____

(Name) _____ (Age) _____ (Date of Birth) _____ (School) _____

REGISTRATION FEE: NON-REFUNDABLE \$100.00.

CHECKS MADE PAYABLE TO HOLY CROSS REGIONAL SCHOOL.