



# HOLY CROSS CHURCH

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## SCHOOL OF CHRISTIAN LIVING REGISTRATION

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Baptism: Yes \_\_\_\_\_ No \_\_\_\_\_ First Holy Communion Yes \_\_\_\_\_ No \_\_\_\_\_

Confirmation Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any food restriction? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent name \_\_\_\_\_ Phone \_\_\_\_\_

Dear Father,

I promise to pray for my child and show my support for a blessed semester at School of Christian Living Program.

Date: \_\_\_\_\_ Parent Signature \_\_\_\_\_