



Church of the Holy Cross

2455 GALLOWS ROAD, DUNN LORING VA 22027 • 703.698.6991

CHURCH SCHOOL REGISTRATION 2016-2017

- We are newcomers to Holy Cross
 We are members of Holy Cross
 I am willing to serve occasionally as a substitute teacher

Parent Information:

Parent 1 Name: _____ Home Phone: _____

Email: _____ Cell: _____

Parent 2 Name: _____ Home Phone: _____

Email: _____ Cell: _____

Street Address _____

City _____ State _____ Zip _____

Child 1 Name: _____ Grade in fall '16: _____ Date of Birth: _____

Allergies/Special Needs: _____ Email _____

Child 2 Name: _____ Grade in fall '16: _____ Date of Birth: _____

Allergies/Special Needs: _____ Email _____

Child 3 Name: _____ Grade in fall '16: _____ Date of Birth: _____

Allergies/Special Needs: _____ Email _____

Child 4 Name: _____ Grade in fall '16: _____ Date of Birth: _____

Allergies/Special Needs: _____ Email _____

- Please **DO NOT** use photos of my/our child(ren) on the church web site, Facebook page or any church promotional materials.

Signature of Parent/Guardian _____

Date: _____

Please return this form to the parish office. This form will be kept on file at Church of the Holy Cross.