



# Church of the Holy Cross

2455 GALLOWS ROAD, DUNN LORING VA 22027 • 703.698.6991

## CHURCH SCHOOL REGISTRATION 2017-2018

We are newcomers to Holy Cross     We are members of Holy Cross

I am interested in teaching     I am willing to serve occasionally as a substitute teacher

**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 '17: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies/Special Needs: \_\_\_\_\_ Email \_\_\_\_\_

**Child 2** Name: \_\_\_\_\_ Grade in fall '17: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies/Special Needs: \_\_\_\_\_ Email \_\_\_\_\_

**Child 3** Name: \_\_\_\_\_ Grade in fall '17: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies/Special Needs: \_\_\_\_\_ Email \_\_\_\_\_

**Child 4** Name: \_\_\_\_\_ Grade in fall '17: \_\_\_\_\_ 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.