



CONFIRMATION REGISTRATION FORM

NAME OF CHILD _____
FIRST MIDDLE LAST

GRADE IN FALL 2022 _____ AGE _____ BIRTHDAY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CHILDS EMAIL ADDRESS _____

CHILDS CELL PHONE _____ CHILDS HOME PHONE _____

PARENT(S) NAME _____

PARENT(S) EMAIL ADDRESS _____

PARENTS CELL PHONE _____ PARENTS HOME PHONE _____

EMERGENCY CONTANT NAME _____ EMERGENCY CONTANT PHONE _____

MEDICAL INFORMATION

FAMILY DOCTOR/CLINIC NAME _____

PHONE _____

MEDICAL CONDITIONS _____

FOOD ALLERGIES _____

CONTACT HOLY CROSS AT 952-445-1779 WITH ANY QUESTIONS

FOR INFORMATION AND UPDATES PLEASE VISIT www.holycross-pl.com/confirmation