



Church of the Holy Cross

Registration for Catechism

(Secondary Level)

Catechism Class for Secondary 1 / 2 / 3

Please complete in BLOCK LETTERS

| | | | | |
|---|--------------------------------|---------|--------------|-------|
| CHILD'S PARTICULARS (Please underline Surname / Last Name and include baptized name) | | | | |
| FULL NAME: | | | | |
| CONFIRMATION NAME | | | | |
| BC/FIN/NRIC: | DATE OF BIRTH: (dd/mm/yyyy) | GENDER: | | M / F |
| CONTACT: | (H) | (M) | | |
| CHILD'S EMAIL: | | | | |
| ADDRESS: | | | POSTAL CODE: | |
| SCHOOL: | | | | |
| GOD-PARENT'S NAME: | | | | |

| | | | |
|--|-------------------------------|--|--|
| SACRAMENTS RECEIVED (For new registration, please submit a photocopy of your child's baptism certificate) | | | |
| DATE OF BAPTISM: | (dd/mm/yyyy) | | |
| CHURCH OF BAPTISM: | DATE OF FIRST HOLY COMMUNION: | | |

| | |
|---|--|
| EMERGENCY CONTACT DETAILS (This section is compulsory) | |
| NAME OF CONTACT PERSON: | |
| CONTACT NUMBER: | |

| | | | |
|-----------------------------|-------------|-----|-----------------------------|
| PARENTS' PARTICULARS | | | |
| FATHER'S NAME: | OCCUPATION: | | |
| CONTACT NUMBER: | (M) | (O) | BAPTISED CATHOLIC: Yes / No |
| E-MAIL: | | | |
| | | | |
| MOTHER'S NAME: | OCCUPATION: | | |
| CONTACT NUMBER: | (M) | (O) | BAPTISED CATHOLIC: Yes / No |
| E-MAIL: | | | |

Please read the following:

1. A **minimum attendance of 80% is required** for Secondary 1, 2 and 3, before being allowed to receive the sacrament of confirmation.
2. Kindly inform the secretariat if you wish to transfer to another church
3. Please produce a transfer letter if you are transferring from another church.

| | | |
|--|-----------|------|
| I have ensured that the above information is correct to the best of my knowledge. | | |
| I will also ensure that my child attends Mass and receives the Sacrament of Reconciliation regularly. | | |
| | | |
| NAME OF PARENT | SIGNATURE | DATE |

| | | | |
|--------------------------|---------------------|-----------------|--|
| OFFICIAL USE ONLY | | | |
| REGISTERED BY: | RECEIVED ON: | | |
| DATA ENTRY BY: | DATE OF DATA ENTRY: | | |
| LEVEL: | YEAR: | CLASS ASSIGNED: | |
| REMARKS/COMMENTS: | | | |