

CCD REGISTRATION 2021-2022

PLEASE PRINT

Mother's Name _____ Maiden _____

Address _____ City _____ Zip _____

Home phone _____ Cell Phone _____

Family email _____

Father's Name _____

Address (if different) _____ City _____ Zip _____

Father's email (if different) _____

Phone (if different) _____ Cell phone _____

STUDENT(S) NAME	GRADE	BIRTHDATE	BAPTISM where/when
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ALL 2ND GRADE STUDENTS MUST INCLUDE A BAPTISMAL CERTIFICATE

Name and phone number of an individual who may be reached in case of an emergency during class time:

Name _____ Phone _____

In case of an emergency and I cannot be reached, you may or may not seek emergency care for my child/children. May _____ May not _____

Parent/Guardian Signature _____ Date _____

Anything we should know about your child (i.e.: allergies, special needs)? Please, note we cannot dispense medications. _____

\$15.00 fee per family (if not a hardship)

From time to time we may take pictures and print articles of and about our Religious Education program. Do we have permission to publish your child/children's name?

YES _____ NO _____

Do we have permission to use their picture but no name? YES _____ NO _____

Parent/Guardian Signature _____ Date _____