

**Confraternity of Christian Doctrine (CCD)**  
**Kindergarten—Eighth Grade**  
St. Patrick Parish  
61 S. Union Street  
London, Ohio 43140  
**2019/2020 Student Registration Form**

**Family Information**

Father's Name \_\_\_\_\_  
Last Name First Name Middle Initial

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

Religion \_\_\_\_\_

Church attending \_\_\_\_\_

Are you a registered member? Yes \_\_\_ No \_\_\_

**Mother's Name** \_\_\_\_\_  
Last Name First Name Middle Initial

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

Religion \_\_\_\_\_

Church attending \_\_\_\_\_

Are you a registered member? Yes \_\_\_ No \_\_\_

**Medical Authorization**

In case of emergency, I understand St. Patrick Religious Education will make every effort to contact me or other designated parent or guardian (Name) \_\_\_\_\_ .

Phone# ( \_\_\_\_\_ ) \_\_\_\_\_ .

(However, if they cannot reach me or the designated person, I give my permission to take my child for emergency treatment. I release St. Patrick Religious Education and St. Patrick Church, staff, and volunteers from all liability of any kind which may arise from such emergency).

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Please note the following:**

- Please give an emergency contact number that is **not** that of the guardian or parent. This person will be contacted in the event we are unable to reach you at the contact information you have given.
- Return forms to the Parish Center Office, mail it, or place in the collection basket in an envelope marked "CCD".
- Diocesan policy requires parents/guardians to sign Harassment Policy Verification Form 5140.05 each year. This form will be handed out and the signed form returned at the Open House in the fall of 2019.

**Fees:** 1st Child \$55 2nd Child \$45 3rd Child \$30  
(Fees are inclusive of both the K-8th and High School CCD programs)

Please make checks out to: **St. Patrick Church**

**OFFICE USE ONLY**

Tuition Total: \$ _____	Total Paid: _____	Y	N
Cash/Check # _____	Amount Paid \$ _____		
Date: _____ (Complete tuition payments must be received by the Christmas Break)			
Payments: Cash/Check # _____	Amount Paid \$ _____		
Date: _____			
Payments: Cash/Check # _____	Amount Paid \$ _____		
Date: _____			
Payments: Cash/Check # _____	Amount Paid \$ _____		
Date: _____			
Payments: Cash/Check # _____	Amount Paid \$ _____		
Date: _____			