

**OFFICE USE ONLY:**

Tuition Due: \_\_\_\_\_

Tuition Paid: \_\_\_\_\_

Cash Check: \_\_\_\_\_**SAINT ANSELM PARISH  
RELIGIOUS EDUCATION PROGRAM  
(CCD)****Registration Form****Forms submitted with incomplete or missing information will not be accepted****FAMILY  
INFORMATION  
FOR  
STUDENT'S  
PRIMARY  
RESIDENCE****FAMILY LAST NAME:** \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Father's Religion: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_

Family Address: \_\_\_\_\_

City / State: \_\_\_\_\_ Zip: \_\_\_\_\_

Registered Parish: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Father Mobile Number: \_\_\_\_\_

Mother Mobile Number: \_\_\_\_\_

**A Valid Email Address Is Required – Please Print Clearly**

Email: \_\_\_\_\_

**EMERGENCY  
CONTACT  
INFORMATION****If we are unable to contact a parent in the event of an emergency, whom should we contact?**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**LEGAL  
INFORMATION****Are there any custody issues?**  Yes  No**Are there any protection from abuse orders?**  Yes  No**If you answered "YES" to either question above, you must attach a current copy of the latest court order with registration.**Do you grant permission for your child's picture to appear on our parish website, bulletin boards, newspaper articles, and/or any social media in relation to events that occur as part of his or her enrollment in PREP?  Yes  No**CONSENT  
FOR  
MEDICAL  
CARE****CONSENT FOR MEDICAL CARE:**

I give permission that, in my absence, my children whose name appears on this form, may receive emergency medical care for injuries and all situations that should occur while participating in the CCD Program and activities at St. Anselm Parish.

\_\_\_\_\_  
Signed (Parent/Legal Guardian)\_\_\_\_\_  
Date

