

St. Christopher Parish School of Religion
2021-2022 Returning-Student Registration Form
(PLEASE PRINT LEGIBLY.)

Student's name: _____ Nickname: _____

Date of birth: _____

Address: _____

Home phone: _____ E-mail: _____

Mother's name: _____

Mother's phone: _____ E-mail: _____

Father's name: _____

Father's telephone: _____ E-mail: _____

Anyone else authorized to pick up student:

Name: _____ Home phone: _____

E-mail: _____ Cell phone: _____

School attending, 2021-2022: _____ Grade: _____

CCD grade, 2021-2022: _____

Please list the church and date for the following:

Baptism: _____
Church name Date

First Reconciliation: _____
Church name Date

First Communion: _____
Church name Date

Any special needs we should be aware of, e.g., allergies: _____
