

Perry County Consortium of Catholic Parishes / CCD Registration Form

Student Information:

Student's Full Name	Grade	Birthdate	School Attending	Parish	Baptism Yes/No	First Comm Yes/No	Confirmation Yes/No

Mailing Address: _____

Parent/Guardian Information:

Mother's Name:	Father's Name:
Address (if different from above)	Address (if different from above)
Phone:	Phone:
Cell:	Cell:
Religion:	Religion:

Medical Authorization:

In case of emergency, I understand that the Perry County Consortium of Catholic Parishes will make every effort to contact me or other designated parent or guardian. However, if they cannot reach me or the designated person, I give my permission to take my child for emergency treatment. I release Perry County Consortium of Catholic Parishes, staff, and volunteers from all liability of any kind which may arise from such emergency.

Name of other emergency contact: _____ Phone: _____

Signature of Parent or Guardian: _____ Date: _____