

Last Name	First Name	Nickname	Middle Name	Suffix	Date of Birth	Grade in Fall

Home Address	City	State	Zip Code

	Home #	Cell #	Work #	Email Address	Religion
Father's Name					
Mother's Name					
Emergency Name(s)					
Emergency Name(s)					

Name	Baptism (Date / Parish / Address)	First Reconciliation (Date / Parish / Address)	First Communion (Date / Parish / Address)	Confirmation (Date / Parish / Address)

Allergies / Medical Conditions / General Concerns - Please Describe

(Please circle one)
 I **DO** / **DO NOT GIVE** permission for St. Elizabeth Ann Seton Church to photograph my child during CCD events for publicity, promotional, and/or educational purposes (i.e. social media, website, newspaper, church displays.)

I confirm that all information listed on this form is valid to the best of my knowledge.

 Parent Signature

 Date

Registration Fees Paid

 Parent Printed Name