

Religious Education Registration Form (2008 - 2009)

Student Name: _____ Parish Registration Number: _____
(First and Last) (env. #)

Street Address: _____
(Street Name, City, State, Zip Code)

Home Phone: _____ Email: _____
(for office to parent communication only)

Age: _____ Birthday: _____ Public School Grade: _____ Years in CCD: _____

Has your child received the following Sacraments? (Please mark 'Yes' or 'No'):

Baptism: _____ 1st Reconciliation: _____ 1st Communion: _____ Confirmation: _____

Father's Name: _____ Mother's Name: _____

Daytime Phone: _____ Daytime Phone: _____

Evening/
Weekend Phone: _____ Evening/
Weekend Phone: _____

Emergency Contact Name (other than those listed above): _____

Contact Relationship to Child: _____ Public School Attended: _____

Other persons authorized to pick up child: _____

Allergies to Medicine or Food: _____

Health Problems / Learning Difficulties: _____

Note to Parents:

- Children in Grades 5 and below will only be released to an adult or teen identified in this record.
- Attendance at Religious Education Classes must be supplemented with Mass each Sunday (all children are expected to attend Mass).

I certify that I have listed any and all allergies to food or medication above. I also acknowledge that my child must attend Mass each Sunday.

Parent/Guardian Signature Date

OFFICE USE ONLY:

SJN Initials:	Date Paid:	Paid in Full?	If 'No', Balance Due:	CCD Grade:	Certificate on File?	Contract Signed?