

ST. ROSE OF LIMA 2015-2016 Religious Education

CCD CLASS REGISTRATION FORM

FOR GRADES 1-8 ONE FORM PER FAMILY

FAMILY NAME _____ Parish where family is registered _____

E-MAIL ADDRESS (REQUIRED) _____

(this is our main way of communicating with families, please give all email addresses with which you would like to receive notifications)

Father's Name _____ Mother's Name _____

Street address _____ Street address _____

City _____ ST _____ Zip _____ City _____ ST _____ Zip _____

Home # _____ Home # _____

Cell # _____ Cell # _____

Work # _____ Work # _____

Child lives with Father _____ Mother _____ Both _____ Other _____ (provide info below)

Child(ren)'s PRIMARY CARE TAKER if not a parent: _____

Relationship to child: _____ EMAIL ADDRESS: _____

Street address _____ City _____ ST _____ Zip _____

Home # _____ Cell # _____ Work# _____

Emergency Contact: _____ (someone other than parent/guardian)

Number: _____ Relationship to child: _____

CHILD'S FULL NAME	CCD Grade 2015-2016	3 RD – 6 TH indicate day or eve	Public School & Grade 2015-2016	Birth Date	Male or Female
_____					M / F
_____					M / F
_____					M / F
_____					M / F

Please let us know of any special conditions that may affect your children, such as physical, emotional or learning issues, allergies to food, etc. We appreciate enough information to enable us to be sensitive and responsive to your child's needs.

PARENT'S SIGNATURE _____ DATE _____

For office use only: Total enclosed: _____ Check # _____ Date: _____ Balance Due _____

Paperwork Complete: _____ Incomplete paperwork; family contacted: _____

Catechist: YES or NO (Circle) # of Registered Children _____