

Registration Form 2017-2018

Family Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Parish in which family is registered \_\_\_\_\_

Mother's Name (including maiden name) \_\_\_\_\_ Religion \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Who is responsible for religious education? Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Who is to receive mailings? Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Emergency Contact Information:

Parent's Cell Phone \_\_\_\_\_

Name of contact if parents cannot be reached \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Child \_\_\_\_\_ Birthday \_\_\_\_\_ Sex \_\_\_\_\_

School Attending \_\_\_\_\_ District \_\_\_\_\_

Grade in School \_\_\_\_\_ Grade in CCD \_\_\_\_\_

Previous religious instruction (if newly enrolled) \_\_\_\_\_

Sacraments Received	Date	Church
Baptism		
Reconciliation		
Eucharist		
Confirmation		

Please explain any learning disability, health (including allergies) or other problems that could help us to better serve your child's needs.

\_\_\_\_\_  
\_\_\_\_\_

Just as it is critical for you to share any learning disabilities or health problems with us, it is just as critical to share any and all helpful information, strategies or educational tips that you have learned that will enable us to educate your child in the best possible manner. Feel free to include I.E.P.s or use additional paper.

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