

Registration Form 2018-2019

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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