**ALL SAINTS CCD PROGRAM REGISTRATION**

**PLEASE PRINT AND COMPLETE ALL INFORMATION**

CHILD’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CCD GRADE ATTENDING THIS YEAR \_\_\_\_\_\_

 FIRST MIDDLE LAST

DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NAME OF HOSPITAL(Include city and state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHERS NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CATHOLIC? \_\_\_\_\_ YES \_\_\_\_\_ NO

MOTHER’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CATHOLIC? \_\_\_\_\_ YES \_\_\_\_\_ NO

MOTHER’S MAIDEN NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 # STREET

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 CITY STATE ZIP

FATHER’S CELL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOTHER’S CELL PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER’S E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOTHER’S E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF THE PERSON WHO WILL PICK UP THE CHILD AFTER CCD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(If other than the custodial parent, a letter from the parent(s) is required that states who will be authorized to transport your child. The parent must give the CCD teacher a note that someone other than the parent will be picking up the child.)*

ANY LEARNING DISABILITY OR ALLERGIES WE NEED TO BE AWARE OF?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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LAST YEAR OF RELIGIOUS EDUCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU AN ACTIVE, REGISTERED PARISHIONER OF ALL SAINTS? \_\_\_\_\_ Yes \_\_\_\_\_ No

*(If other than at ALL SAINTS, is copy of Baptismal certificate attached? \_\_\_\_\_ Yes \_\_\_\_\_ No (Parents are required to show proof of child’s baptism – to be put in student’s file)*

IF NO, IN WHICH PARISH ARE YOU REGISTERED? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Parents who are not registered at ALL SAINTS must have a letter from their pastor stating that he is aware of and agrees to your child attending CCD at ALL SAINTS)*

FIRST HOLY COMMUNION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WHERE RECEIVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Include Church, City & State)

\_\_\_\_$50.OO FEE FOR ONE CHILD \_\_\_\_\_\_$100.00 FEE FOR TWO OR MORE CHILDREN

REGISTRATION FEE PAID? \_\_\_\_\_ Yes \_\_\_\_\_No *(Attach payment to registration. Financial Aid is available to active parishioners. Contact the parish office at 859-485-4476 to see if you qualify).*

**IN CASE CCD CLASS IS CANCELLED, HOW WOULD YOU LIKE TO BE CONTACTED:**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Call \_\_\_\_ **or**  Text\_\_\_\_\_