

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) _____

FATHER'S NAME _____ CATHOLIC? ____ YES ____ NO

MOTHER'S NAME _____ CATHOLIC? ____ YES ____ NO

MOTHER'S MAIDEN NAME _____

ADDRESS _____

STREET

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? _____

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)

____ \$50.00 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 ____