CCD REGISTRATION

St. Ignatius/Holy Family Parishes
RELIGIOUS EDUCATION PROGRAM REGISTRATION

FAMILY INFO

Formally registered members of _____ Parish

FATHER'S INFO

First Name _____
Last Name _____
Address _____
City, St. Zip _____
Home Phone _____
Religion _____
Occupation _____
Business Ph. _____
E-Mail Address _____

MOTHER'S INFO

First Name _____
Last Name _____
Maiden Name _____
Address _____
City, St., Zip _____
Home Phone _____
Religion _____
Occupation _____
Business Ph. _____
E-Mail Address _____

List a close relative or friend whom we may contact in case of emergency:

Name _____ Relationship to child _____

Address _____ Phone _____

**Would you be willing to serve as a hall monitor once thru the year? Yes No

** Would you be willing to serve as a class parent? Yes - No

STUDENT'S INFO

Full Name _____ Grade _____ School _____

_____ Male _____ Female Date of Birth _____ City of Birth _____

Child lives with: (check one) _____ both parents _____ mother _____ father _____ guardian _____ other

General Health _____ Health Concerns, Medications, Allergies? _____

Any other information you think might be helpful so that we may better serve your child.
(For example: extremely quiet, can only take oral tests, needs visuals to learn, etc.)

SACRAMENTS RECEIVED:	Name of Church	City/State	Date
Baptism			
First Penance			
First Communion			