

Epiphany of Our Lord CCD Program Registration Form 2018-2019

Instructions: Complete this entire form (both sides). Print clearly. For first time registrations, or enrolling a new child, please submit one copy of each child's Baptismal Certificate. Please make sure that you Sign and Date this form. Registrations must be submitted with required fees.

For Office Use Only

Family Name _____
: _____

School Year: 2017-2018

Fee: _____ Cash/Check #: _____

Baptismal Certificate on File: Yes / No

New Family: Yes / No

Registered in the Parish: Yes / No

Appendix B signed and on file: Yes / No

CHILD'S FULL NAME (First, Middle, & Last)	DATE OF BIRTH	Current Grade Level	NAME OF DAY SCHOOL	BAPTISM DATE & CHURCH OF BAPTISM	Date of 1 st Penance	Date of 1 st Communion
	/ /			Date: / / Church: _____	/ /	/ /
	/ /			Date: / / Church: _____	/ /	/ /
	/ /			Date: / / Church: _____	/ /	/ /
	/ /			Date: / / Church: _____	/ /	/ /

Family Name: _____ E-mail: _____

Please provide an email that you check regularly.

Address: _____ Home Phone #: _____
Street City Zip Code

Father's Name: _____ Work/Cell Phone #: _____ Religion _____

Mother's Name: _____ Work/Cell Phone #: _____ Religion _____

Mother's Maiden Name: _____

CUSTODY:

Are there any custody/legal issues? Yes No (If Yes, please provide a complete copy of the latest court order.)

Please Complete Next Page ---->

Epiphany of Our Lord

CCD Program Registration Form 2018-2019

*Name of person responsible for Religious Education **IF NOT** a Parent/Guardian _____ Relationship _____

*Parent/guardian must provide a signed, dated letter of permission to the program director for person named above to act on their behalf. This letter is to be kept on file in the CCD Office and updated annually.

EMERGENCY CONTACT INFORMATION:

If we are unable to reach you, whom should we contact?

Name: _____ Relationship: _____ Phone Number (home) _____
(cell) _____

CONSENT FOR MEDICAL CARE:

I give permission that, in my absence, my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the CCD Program and activities at Stella Maris Parish.

Signed (Parent/Legal Guardian): _____ Date: _____

MEDICAL/LEARNING DATA

If any of the following apply to your child(ren), please list his/her name and give details in the appropriate spaces.

Child's Name	Medical Conditions/Allergies	Prescribed Medications	Disability* / Learning Support Services	Individualized Education Program IEP
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

Is there other information about your child that should be communicated?

Please Complete Next Page ---->

Epiphany of Our Lord

CCD Program Registration Form

2018-2019

I give permission for my child's picture to appear on the parish website, bulletin boards, and/or newspaper articles in relation to events that happen in the parish.	Yes
	No

* As defined by *Individuals with Disabilities Education Act* (IDEA), the term "child with a disability" means a child: "with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, needs special education and related services.

Signature _____ Date _____

Relationship to Child(ren) _____

Please Complete Next Page ---->