

ST. ANDREW SCHOOL OF RELIGION 2009 – 2010 SCHOOL YEAR

FILL OUT this form COMPLETELY.

Please follow these simple instructions and your child's 2009-2010 CCD registration will be complete.

(ONE FOR EACH CHILD IN CCD ~ feel free to make copies).

ATTACH registration fees: \$30.00 (1 child); \$45.00 (2 children); \$60.00 (3 or more). LATE FEES are \$35, \$55 & \$65 respectively. Students registering for the FIRST TIME must attach a copy of the BAPTISMAL CERTIFICATE.

You may return the registration form in the weekend collection basket if you wish.

CCD Classes for grades K-8th, Wednesday evenings from 5:45-7pm, each week. CCD Classes for 9th - 11th graders Wednesday evenings from 5:45pm-7:15pm, each week. A complete class schedule will be sent home with your child/children.

Last grade your child successfully completed in CCD _____.

PLEASE CIRCLE THE GRADE YOUR CHILD IS REGISTERING FOR: K 1 2 3 4 5 6 7 8 9 10 11

STUDENT'S NAME: _____

STUDENT'S Date of Birth: _____ AGE: _____

Sacraments received? Baptism ____; 1st. Penance ____; Communion ____; Confirmation ____.

PHYSICAL & MAILING ADDRESS: _____

HOME PHONE: _____ WORK PHONE _____

FATHER'S NAME _____ RELIGION _____

MOTHER'S NAME _____ RELIGION _____

Does your child have any problems, learning or physical, that we should be made aware of?

Emergency number if Parent/Guardian cannot be contacted _____

Relationship to the child _____

In the event of a Medical Emergency where a parent cannot be reached, do you authorize permission for medical attention? YES _____ NO _____

Parent/Guardian Signature _____ DATE _____

If you checked NO, we cannot be held responsible for any delay in medical attention should your child need it.

FOR OFFICE USE ONLY: PAID _____ NOT PAID _____