

# St. Elizabeth Ann Seton CCD Registration Form

(ONE FORM PER STUDENT - PLEASE PRINT NEATLY)

## Parent/Legal Guardian Information

Mother's Last Name	Mother's First Name	Maiden Name
Father's Last Name	Father's First Name	Suffix
<i>*Step-Parent(Legal Guardian) Last Name</i>	<i>*Step-Parent(Legal Guardian) First Name</i>	<i>*Phone Number</i>
Mother's Phone Number	Mother's Cell Phone Number	Permission to TEXT? ___ Yes ___ No
Father's Phone Number	Father's Cell Phone Number	Permission to TEXT? ___ Yes ___ No

## Parent/Legal Guardian Work History

Mother's Workplace	Mother's Occupation	Work Phone #
Father's Workplace	Father's Occupation	Work Phone #
<i>*Step-Parent(Legal Guardian) Workplace</i>	<i>*Step-Parent(Legal Guardian) Workplace</i>	<i>Work Phone #</i>

## Parent Survey

Is Mother Catholic? \_\_\_ Yes \_\_\_ No If NO, then what denomination? \_\_\_\_\_

Is Father Catholic? \_\_\_ Yes \_\_\_ No If NO, then what denomination? \_\_\_\_\_

What Parish does FAMILY attend regularly? \_\_\_\_\_

## Special Notation

Does your child have special restriction as to which parent/individual is allowed to PICK UP student from classes or special events? \_\_\_Yes \_\_\_ No If the answer to this question was YES, please notify the Religious Education Office IMMEDIATELY prior to the beginning of classes so we can adjust files as needed.

Please provide us with ONE valid email that is utilized by ONE of the parent/guardian(s) for future correspondence: \_\_\_\_\_

Students Name: \_\_\_\_\_

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## Emergency Contact Information

Emergency Contact #1: \_\_\_\_\_

Primary Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Primary Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

## Student Insurance Information

Insurance Company: \_\_\_\_\_

Insurance Policy/Gov Number: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Medical Condition	Allergies	Medication(s)

## Parent/Guardian Consent Information

To the best of my knowledge, my child, \_\_\_\_\_, is in good health and I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by hospital or doctor, or for my emergency contacts to be contacted should I be unavailable.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

I understand that at times St. Elizabeth Ann Seton, and its programs, take pictures during its normal and special events. By placing my signature below, I grant St. Elizabeth Ann Seton, and its programs, to include my child in photos to represent the parish and its activities.

Parent/Guardian Signature: \_\_\_\_\_

Students Name: \_\_\_\_\_

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## Student Information

Last Name	First Name	Middle Name
Mailing Address	City	Zip Code
Date of Birth	Place of Birth	Male/Female
Residential Address (if different than mailing address)	Resides with: ___ Mother ___ Father ___ Both ___ Other	Student Phone # (texting if applicable)
School Grade	School Attending	T-Shirt Size (High/Middle School Only)

## Religious Education Program Information

<u>Last CCD Grade Attended</u>	CCD Grade	Receiving this year: ___ First Holy Communion (7 & up) ___ Confirmation
<u>Parish</u>		
Parish currently attending	<u>Registration Fee is:</u> \$25 <u>August:</u> \$30 (Enclose w/form or visit office)	<u>Sacrament Book Fee:</u> <u>First Communion:</u> \$30 <u>Confirmation:</u> \$30

## Sacramental Information

Sacrament	Date Received	Parish	City, State
Baptism			
1 <sup>st</sup> Communion			
Confirmation			

## Religious Education Class Time (Circle ONE)

K – 5:            Sunday (10 A.M. – 11:15 A.M.)    OR    Wednesday (6:15 P.M. – 7:30 P.M.)

6 - 12:           Sunday (6:00 P.M. – 7:30 P.M.)            All classes are based on availability

Students Name: \_\_\_\_\_