St Frances Cabrini - CCD REGISTRATION FORM

Family's Last N	lame		Da	te
Address				
	Street	City	Stat	te Zip
			(M)	
Parent e-mail				
			Religion	
			Religion	
Stepparent s/Gua	raian's Name			
CHIL	DREN BEING I	REGISTERED	FOR GRADES PR	E-K - 8
NOTE: Under "Na	me" list child's fu	ll given name. Inc	licate which sacrame	ents have been
celebrated ALREA		•		
Name			DOB//	Sex M F
Grade Entering	where attende	ed CCD last year_		
First name prefer	red to be address	sed by		
Baptism	_Reconciliation _	Eucharist	Confirmation	
			DOB//	
_		•		
•		•		
Baptism	_Reconciliation _	Eucharist	Confirmation	
			DOB//	
Grade Entering _	where attend	ed CCD last year_		
First name prefer	red to be address	sed by		
Baptism	_Reconciliation _	Eucharist	Confirmation	
Name		1.000 1 1		/ Sex M F
•		•	Confinentian	
Bapiism	Reconciliation	Eucharist	Confirmation	
	RELIG]	OUS EDUCAT	ION FEES	
\$35	for non-sacra	mental classes;	\$50 for Sacrar	nental Years
(Reconci	liation & First C	ommunion Prepa	ration or Confirma	tion Preparation)
	Please submi	it payment at time	e of registration.	
	Make checks po	ayable to St. Fran	ices Cabrini Church.	
•		•	the Director of Re	~
Office use only:	amount	check # _	date _	
C	CD VOLLINITEER		N - CAN YOU HEI	Pa
				∟ 1 ?
•		lonations/voluntee	•	2 25 40
I would be	interested in Deli	ny a substitute co	techist pre-k -	۵ ۵-۵ ۵-۵
Name		Phone #	F-mail	

Medical Information - Completed by Parent or Guardian - Please Print

Child's Name		/
Medications		
Chronic Conditions (e.g. epilepsy, diabetes)		
Parent comments		
Child's Name	Birth Date /	/
Allergies		
Madiantiana		
Chronic Conditions (e.g. epilepsy, diabetes)		
, <u> </u>		
Child's Name	Birth Date/	/
Allergies		
Medications		
Chronic Conditions (e.g. epilepsy, diabetes)		
Child's Name	Birth Date/	/
Allergies		
Medications		
Chronic Conditions (e.g. epilepsy, diabetes)		
Emergency Contact		
Emergency Contact	Relation	 Phone
•	Relation	Phone
•	Relation	Phone
•	Relation	Phone
Name		Phone
•		Phone
Name		
Name Comments:		