VISITATION OF OUR LADY *C*onfraternity of *C*hristian *D*octrine

New Student Registration Form

New students MUST present a birth and baptismal certificate at the time of registration. Please Print Clearly

CHILD'S NAME:_____ BIRTH DATE: ___/___/___ SEX: M F
Last First Middle

CHILD'S HOME ADDRESS: _____

CITY/STATE:_____ ZIP:_____ PHONE(S):_____

PLEASE WRITE THE BEST PHONE NUMBER TO LEAVE YOU AN IMPORTANT MESSAGE FROM THE CHURCH:
(_____) _____

LAST GRADE COMPLETED FOR RELIGIOUS EDUCATION: _____

RESIDES WITH:_____ RELATIONSHIP:_____

FATHER'S NAME: _____ CELL/WORK #: _____
Last First Middle

MOTHER'S ***MAIDEN*** NAME: _____ CELL/WORK #: _____
Maiden First Middle

Public/Private School attending:_____ Public/Private School grade:_____
Special Education at academic school: Yes No

CHILD'S SACRAMENTAL INFORMATION

BAPTISM: Church_____ City/State_____ Date: ___/___/___
1ST COMMUNION: Church_____ City/State_____ Date: ___/___/___

The above named child is free of any contagious diseases, and is in good physical condition, and able to participate in regular activities. Signing this registration form indicates that the above named student and his/her parents/guardians will adhere to the policies of the CCD program. Signing also allows the publication of your child's name and photo to be published if applicable. (Separate form to decline publication.)

Parent Signature: _____ ***Date:*** _____

Does your child have any learning or medical disabilities of which we should be aware? Yes No
If yes, please indicate condition:_____
Is he/she on any medication? Yes No

PLEASE LIST AN ADULT WE CAN CONTACT IN AN EMERGENCY IF UNABLE TO REACH PARENT:

Name: _____ Relationship: _____ Phone: _____

Please list names of any brothers/sisters in CCD:

_____

This space is for office use only: Fee: _____ Amt Paid:_____ Check #: _____Cash____ Rec. #_____

CCD Grade: _____ Room #: _____ Teacher: _____