

Assumption of the Blessed Virgin Mary

Religious Education Registration form - Fall 2011

Mrs. Brenda Johnson - CCD Director, 466.2101

STAFF ONLY:

CCD Grade

Returning

New to CCD Program

Student's Birth Name _____ Date of Birth _____

Home Address _____ Phone _____
Street City/Zip

Email Address _____

School in Fall 2011 _____ Grade in Fall 2011 _____

Father's Birth Name _____ Living Yes No

Father's Religion _____ Work Phone _____ Cell _____

Mother's Birth Name _____ Living Yes No

Mother's Religion _____ Work Phone _____ Cell _____

If nobody can be reached, please call EMERGENCY PHONE NUMBER _____

Name of EMERGENCY CONTACT _____

Send all mailings to: Parents, at above address Mother Father Other; _____

Address: _____ Phone: _____
Street City/Zip

Family Registered at ABVM Yes No Other Parish _____

SACRAMENTS	DATE	CHURCH	CITY/STATE
Baptism			
First Reconciliation			
First Eucharist			
Confirmation			

Fee for One Child - \$30.00

Fee for Two or More \$50.00 total

† Please ask if you need payment arrangements.

Date _____

Signature _____

Sign in ink

FOR STAFF USE ONLY:

Payment 1 _____ Check # _____ Cash _____ Date _____ Rcvd by _____

Payment 2 _____ Check # _____ Cash _____ Date _____ Rcvd by _____

Mark if for Multiple Students Names _____

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Medical Release

CHILD'S NAME

List all known medical conditions, including food allergies and/or drug allergies. In addition, include any and all over-the-counter and/or prescription drugs taken regularly.

Physician's Name: _____

Address: _____

Phone Numbers: _____

Dentist's Name: _____

Address: _____

Phone Numbers: _____