

**ST. CHRISTINE PARISH
CCD STUDENT REGISTRATION 2024-2025**

Please fill out the form completely on both sides

STUDENT INFORMATION

Name: _____ CCD Grade: _____
First Middle Last

Home Address: _____ Date of Birth: ____ / ____ / ____
Number and Street Apt. mm dd yyyy

_____ Place of Birth: _____
City State Zip Code City and State

Father: _____

Mother: _____ Maiden name: _____

Guardian's name (if applicable): _____

Student lives with:
Both Parents: _____ Father: _____ Mother: _____ Other: _____

If you checked other, provide the following:

Name: _____ Relationship to student: _____

Contact phone numbers:

Home: _____

Cell: (F) _____ (M) _____

Work: (F) _____ (M) _____

Contact email: (F) _____ (M) _____

Student is permitted to be released to: (parish must be notified in writing if this changes)

Name: _____ Relationship to student: _____

Name: _____ Relationship to student: _____

Name: _____ Relationship to student: _____

Name: _____ Relationship to student: _____

SACRAMENTAL INFORMATION

Baptismal Date: <u> </u> / <u> </u> / <u> </u> <i>mm dd yyyy</i>
Church of Baptism: _____
City and State: _____

First Eucharist Date: <u> </u> / <u> </u> / <u> </u> <i>mm dd yyyy</i>
Church of First Eucharist: _____
City and State: _____

EMERGENCY CONTACTS

Please list an alternative contact if parents/guardian cannot be reached:

Name: _____ Relationship to student: _____

Phone Number(s): _____

In the event reasonable attempts to contact me have been unsuccessful (Please initial):

I GIVE my consent for the transfer of my child to any hospital that is accessible and the administration of any treatment deemed necessary by the attending physician.

This authorization **does not** cover major surgery unless in the medical opinion of two other licensed physicians or dentists such surgery is absolutely necessary and these opinions are obtained prior to the performance of surgery.

I DO NOT GIVE my consent to emergency medical treatment. Describe desired action to be taken:

MEDICAL OR SPECIAL CONCERNS

Please indicate any information that would be helpful in the case of an accident or an emergency. Include any allergies, physical impairments and/or medication your child takes on a regular basis. Also use this area to give any information of which you would like your child's instructor to be aware. Attach an extra page if necessary.

PERMISSION FOR NAME AND/OR IMAGE USE

I GIVE permission for my child's name or image to be included in publicity releases about parish events in the bulletin, parish website, parish Facebook page, and local or diocesan newspaper.

DO NOT use my child's name or image in public media.

In completing and submitting this form I am requesting St. Christine Parish to provide religious education for my child. I have provided the information above and I understand that any changes must be submitted in writing to the parish office.

Parent/Guardian Signature

Date