

ENGLISH

HOLY FAMILY CATHOLIC CHURCH
Religious Education (CCD) Registration 2009-2010
THIS REGISTRATION FORM MUST BE FULLY COMPLETED

Bapt. Cert. \_\_\_\_\_ HF ID # \_\_\_\_\_
Amt. Due \_\_\_\_\_ Amt. Paid \_\_\_\_\_
Clk. # \_\_\_\_\_ Cash \_\_\_\_\_
Reg. processed on \_\_\_\_\_
Reg. rec'd on \_\_\_\_\_ FOR OFFICE USE ONLY

Are you a registered member of this Parish? [ ] YES [ ] NO

CERTIFICATES OF BAPTISM & 1ST HOLY COMMUNION ARE REQUIRED.

FATHER'S NAME \_\_\_\_\_ Religion \_\_\_\_\_
Last Name First Name Middle Name

MOTHERS' NAME \_\_\_\_\_ Religion \_\_\_\_\_
Married Last Name First Name Middles Name Maiden Name

Address \_\_\_\_\_ City State Zip Code
Number & Street

Email Address \_\_\_\_\_ Children reside with [ ] Both [ ] Mother [ ] Father [ ] Other

Father Home Phone \_\_\_\_\_ Father Cell-Phone \_\_\_\_\_ Father Work Phone \_\_\_\_\_

Mother Home Phone \_\_\_\_\_ Mother Cell-Phone \_\_\_\_\_ Mother Work Phone \_\_\_\_\_

Emergency Contact Name and Phone Number \_\_\_\_\_

Who will normally pick up student from R.E. class (name) \_\_\_\_\_ Phone Number \_\_\_\_\_

Alternate person to pick up student from R.E. class (name) \_\_\_\_\_ Phone Number \_\_\_\_\_

Were your children registered in a Religious Education Program last year? [ ] Yes [ ] No If yes, where \_\_\_\_\_

RCIC - Baptism, Confirmation & Communion P&E - 1st Confession & Communion C-A / B - Confirmation year 1 (prep)/year 2 (Confirmation) (For Office Use Only)

Table with 5 main columns: Student's Full Name, M, F, Grade in September 2009, Date of Birth, Place of Birth, and a sub-table for sacraments: Catholic Baptism, 1st Penance, 1st Communion, Confirmation, Other Baptism. Header: PLEASE CHECK THE SACRAMENTS EACH CHILD HAS ALREADY RECEIVED

Child's Allergies to Food or Medications? Please give child's name and list the allergies \_\_\_\_\_

Child' Special health problems? Please list child's name and health issue \_\_\_\_\_

Should the need arise, I give permission for my child/children to receive emergency medical care while participating in Holy Family Catholic Church Religious Education and Youth Ministry programs. (Please sign below)

I authorize the Arlington Diocese and Holy Family Catholic Church to use my child's picture or video for educational and/or marketing purposes. [ ] YES [ ] NO

Parent / Guardian Signature

Date