

PREP/CCD REGISTRATION 2019/2020

CHILD'S NAME _____ FAMILY NAME _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

DATE OF BAPTISM _____ CHURCH BAPTIZED _____

CHURCH ADDRESS _____ BAPTISMAL CERTIFICATE: YES: ___ NO: ___
(Unless SFX or Cathedral) (We will need a copy for child's file at your first registration.)

SCHOOL ATTENDING _____ GRADE _____

SCHOOL ADDRESS _____

HAS CHILD ATTENDED CATHOLIC SCHOOL OR PREP/CCD OTHER THAN SFX PREP/CCD? YES _____ NO _____

NAME OF CATHOLIC SCHOOL _____

ADDRESS OF SCHOOL _____ WHAT GRADES? _____

DATE FIRST RECONCILIATION _____ CHURCH/CITY _____

DATE FIRST HOLY COMMUNION _____ CHURCH/CITY _____

DOES CHILD HAVE MEDICAL CONDITIONS WHICH MIGHT NEED EMERGENCY ACTION (E.G., ASTHMA, DIABETES, SEIZURES) _____

EXPLAIN BRIEFLY _____

DOES CHILD HAVE ALLERGIES: YES: ___ NO: ___ TO WHAT? _____

FAMILY INFORMATION

FAMILY NAME USED: _____

MOTHER'S NAME _____ CATHOLIC? YES ___ NO ___

FATHER'S NAME _____ CATHOLIC? YES ___ NO ___

ADDRESS _____ CITY _____

PARISH REGISTERED _____

ADDRESS OF PARISH _____
(Unless SFX or Cathedral)

PHONE # OF PARISH _____ EMAIL OF PARISH _____
(Unless SFX or Cathedral) (Unless SFX or Cathedral)

PHONE #'S WHERE YOU CAN BE REACHED: CELL _____ CELL _____
LAND LINE _____

E-MAILS: _____

EMERGENCY CONTACT _____ PHONE _____

SIGNATURE OF PARENT _____ DATE _____